

# Report to Congress

## **Report on Activities Related to “Improving Women’s Health” As Required by the Affordable Care Act (P.L. 111-148, Section 3509)**



**2013**

U.S. Department of Health and Human Services  
Office of the Secretary  
Office of the Assistant Secretary for Health  
Office on Women’s Health

# TABLE OF CONTENTS

I.	Executive Summary.....	iii
II.	Introduction .....	1
III.	Agency/Office-Specific Requirements .....	3
	Office on Women’s Health (OWH) .....	3
	Agency for Healthcare Research and Quality (AHRQ) .....	19
	Centers for Disease Control and Prevention (CDC) .....	22
	Food and Drug Administration (FDA) .....	39
	Health Resources and Services Administration (HRSA) .....	43
	National Institutes of Health (NIH) .....	50
	Substance Abuse and Mental Health Services Administration (SAMHSA).....	59
IV.	Other HHS Agencies and Offices .....	64
	Administration for Children and Families (ACF) .....	64
	Administration for Community Living (ACL) .....	69
	Indian Health Service (IHS) .....	72
	Office of Adolescent Health (OAH) .....	74
	Office of the Assistant Secretary for Planning and Evaluation (ASPE) .....	75
	Office of Disease Prevention and Health Promotion (ODPHP) .....	77
	Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) .....	79
	Office of Minority Health (OMH) .....	81
	Office of Population Affairs (OPA) .....	83
	Office of the Surgeon General (OSG) .....	85
	President’s Council on Fitness, Sports and Nutrition (PCFSN) .....	86
V.	Conclusion .....	87
VI.	References .....	88

# I. EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act, P.L. 111-148 of 2010 (Affordable Care Act), includes provisions to improve the health of women. Section 3509, titled “Improving Women’s Health,” details specific requirements for various U.S. Department of Health and Human Services (HHS) agencies and offices related to women’s health. The Secretary of HHS, through the HHS Office on Women’s Health, is required to issue a report to Congress not later than one year after the date of enactment of this section, and every second year thereafter, describing the activities carried out under Section 229 of the Public Health Service Act (as amended).

The Affordable Care Act codifies the establishment of an Office on Women’s Health within the Office of the Secretary of HHS as well as Offices of Women’s Health within four of its agencies: the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Health Resources and Services Administration (HRSA). The Affordable Care Act gives these offices, all of which were already in existence, new authority, agency location, and protection from termination or reorganization without the direct approval of Congress.

The law charges the HHS Office on Women’s Health to establish the National Women’s Health Information Center (NWHIC) to facilitate the exchange of information and to establish the HHS Coordinating Committee on Women’s Health (CCWH) to coordinate the activities of these offices. The CCWH comprises senior-level representatives from each HHS agency and office.

Among the requirements, HHS OWH and these four agencies must report on the status of their activities related to women’s health, establish women’s health-related goals and objectives, identify women’s health projects to be conducted or supported, consult with women’s health professionals and other groups on policies, and serve as a member of the CCWH.

Section 3509 also requires the Director of the Office of Research on Women’s Health (ORWH) at the National Institutes of Health (NIH) to report directly to the Director of NIH. The Substance Abuse and Mental Health Services Administration (SAMHSA) is required to appoint an Associate Administrator for Women’s Services who reports directly to the SAMHSA Administrator.

The Affordable Care Act does not provide deadlines to complete these requirements, and it authorizes such sums as necessary for each fiscal year 2010 through 2014. Other HHS agencies and offices also conduct activities and cross-collaborate on women’s health initiatives and activities. Per the statutory requirement, this report focuses on the provisions of Section 3509. In addition to fulfilling the requirements of creating the HHS Coordinating Committee on Women’s Health (CCWH) and the National Women’s Health Information Center (NWHIC), the HHS Office on Women’s Health provides, and continues to provide, expert advice and consultation to the Secretary. The Office also

- 1) Monitors the activities related to women’s health of HHS federal agencies and offices,
- 2) Identifies needs regarding the coordination of women’s health-related activities,
- 3) Coordinates efforts to promote women’s health programs and policies with the private sector, and

- 4) Provides for the exchange of women's health-related information through publications and other means, as appropriate.

As required under Section 3509, the position of Deputy Assistant Secretary of Health (Women's Health) has been filled to head the Office on Women's Health. The Deputy Assistant Secretary of Health (Women's Health) reports to the HHS Secretary and Assistant Secretary for Health, effective March 27, 2011.

AHRQ, CDC, FDA, and HRSA have all established Offices of Women's Health, headed by a Director who reports to the appropriate authority. As required under Section 3509, AHRQ, CDC, FDA, and HRSA have all reported to their respective authority on the current level of activity in each agency or office regarding women's health. The agencies have established women's health-related short-range and long-range goals and objectives in coordination with other agencies and offices as relevant and appropriate. These agencies have also identified women's health projects that should be conducted or supported, and have consulted with women's health professionals and other groups as appropriate on policies. AHRQ, CDC, FDA, and HRSA representatives all served on the HHS Coordinating Committee on Women's Health (CCWH) during the reporting period.

In compliance with the requirements in Section 3509, FDA has also made significant progress in providing information to women and health care providers on areas where disparities between men and women exist. The NIH Reform Act of 2006, P.L. 109-482, mandates that the ORWH reside within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), which is located within the Office of the Director of NIH. Thus, the Director of ORWH reports to the Director of DPCPSI; however, the Director of ORWH is not precluded from reporting to the Director of NIH. The Substance Abuse and Mental Health Services Administration (SAMHSA) has appointed an Associate Administrator for Women's Services who reports to the SAMHSA Administrator. Various other HHS agencies and offices supported the activities described in Section 3509, including by serving on the HHS Coordinating Committee on Women's Health (CCWH).

This is the second of the required reports to Congress. This report provides a baseline summary of activities carried out by HHS agencies and offices since March 23, 2011, in accordance with Section 3509. Subsequent biennial reports will demonstrate the progression of activities carried out by HHS agencies and offices under Section 3509.

## II. INTRODUCTION

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148, into law. This landmark legislation calls for changes to make health care more affordable, expand health coverage, hold health insurers more accountable, and make the health system more sustainable.<sup>3</sup> Since enacted, the Affordable Care Act has already increased women's access to health coverage and health care. The Affordable Care Act is also making substantial progress in strengthening the health system to serve women more effectively.

Section 3509 directs the U.S. Department of Health and Human Services (HHS) to make women's health a priority. Section 3509 calls for:

- 1) Greater prioritization of women's health issues within HHS federal agencies and offices,
- 2) Greater coordination of efforts across HHS federal agencies and offices, and
- 3) Greater access to women's health information, including areas in which differences between men and women exist.

The past few decades have seen an increased focus on women's health, including improved understanding of the unique health needs of women. The increased participation of women in clinical trials research is critical to addressing gaps in knowledge about women's health.

What is known is that women are more likely than men to suffer from multiple chronic conditions, and women are in greater need of health care services across their lifespan. Women are also more likely than men to be victims of sexual assault, intimate partner violence, and stalking.

Women, particularly those in minority populations, face additional social and economic barriers affecting their health and well-being. Women are more likely than men to live in poverty;<sup>1</sup> they are less likely to be employed;<sup>2</sup> and on average women are more likely to earn less than men.<sup>3</sup> With lower average incomes, women are also affected more by the rising costs of health care. Although most women have health insurance covered through their employers,<sup>4</sup> women are nearly twice as likely as men to be covered as dependents.<sup>5</sup> As a result, women are more vulnerable to losing their insurance coverage.<sup>6</sup> At the same time, women are the primary caregivers in society, and their access to health care and health-related knowledge affects the health of families and communities.

Improving the health of women has been one of the strategic priorities of the U.S. Department of Health and Human Services (HHS) for 30 years. HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services. HHS improves women's health through administering programs in research, education, training, direct clinical service delivery, and policy development.

The HHS Coordinating Committee on Women's Health (CCWH) was established in 1983 to advise the Assistant Secretary for Health (and in 1993, the Deputy Assistant Secretary for Health) on activities across HHS to safeguard and improve the health of all women in the United States. The Coordinating Committee works strategically to provide guidance on women's health policy, programming, and evaluation efforts; increase collaboration with federal and non-federal partners;

advance evidence-based programs and policies; support sex and gender-specific initiatives; and address gaps and disparities in women's health.

The CCWH is chaired by the Deputy Assistant Secretary for Health-Women's Health and is composed of senior-level representatives from each HHS agency and office.

The activities described in this report are based on information provided by the CCWH members, related to their progress on meeting the requirements outlined in Section 3509 of the Affordable Care Act. This report provides baseline information on programs and activities from March 23, 2011, to March 2013.

### III. AGENCY/OFFICE-SPECIFIC REQUIREMENTS

Section 3509 of the Affordable Care Act, titled “Improving Women’s Health,” has specific requirements for the following U.S. Department of Health and Human Services (HHS) agencies and offices: the HHS Office on Women’s Health (OWH), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The activities described below reflect the progress of each agency and office on their specific requirements in the reporting period (March 23, 2011–March 23, 2013). For reference, **Appendix II** includes information on commonly used acronyms, and **Appendix III** contains Section 3509 of the Affordable Care Act.

#### HHS Office on Women’s Health (OWH)

The Office on Women's Health (OWH) was established in 1991 in the Office of the Assistant Secretary for Health, within the Office of the HHS Secretary. The mission of OWH is to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout HHS. OWH also provides national leadership and coordination with other federal agencies and non-federal partners to improve the health of women and girls. OWH informs and advances policies, educates the public and professionals, and supports model programs for women that focus on preventing disease and promoting health and healthy behaviors. (See **Table 1.**)

OWH is the main point of contact for other federal agencies on issues related to women’s health. It is committed to improving the health of women across the lifespan with special attention to eliminating disparities in health status.

In addition to national staff located in Washington, DC, OWH works with Regional Women’s Health Coordinators (RWHCs) located in the 10 HHS Regional Offices. The RWHCs cover 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Island Jurisdictions. The RWHCs coordinate and implement national public health initiatives, which promote a greater focus on women's health issues at the regional, state, and local levels. They advance the mission of OWH and represent the Deputy Assistant Secretary for Health-Women's Health by administering programs that improve the health of women in communities across the country.

OWH’s RWHCs work closely with state and territorial women’s health offices or their designated women’s health coordinators. By providing technical assistance and sharing resources with these non-federal women’s health leaders, the RWHCs have built a nationwide network of connections. Thus, OWH has a ready infrastructure for rapidly disseminating health information and implementing HHS programs that benefit women and girls.

The following sections describe the specific requirements in Section 3509 of the Affordable Care Act related to the HHS Office on Women’s Health (amending Part A of Title II of the Public Health Service Act [42 U.S.C. 202 et seq.]). Progress on or completion of each requirement is described. When appropriate, current activities and next steps are also indicated.

### *Establishment of an Office*

The requirements of Section 229(a) under Section 3509 [amending 42 U.S.C. 237(a)] have been fulfilled. In 1991, the Office on Women’s Health in the Office of the Assistant Secretary for Health (OASH), within the Office of the Secretary, was established. In 2011, the Office hired a new Deputy Assistant Secretary for Health (Women’s Health) and she reports to the Assistant Secretary for Health.

### *Women’s Health-Related Goals and Objectives*

OWH has fulfilled the requirements of Section 229(b)(1) under Section 3509 to “establish short-range and long-range goals and objectives within the Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan.”

OWH’s first five-year strategic plan, implemented in fiscal year 2009, was used as a model for other offices within the OASH. In 2013, OWH modified its strategic plan and refined its vision, mission, and goals. (See **Table 1.**)

<b>Table 1. HHS Office on Women’s Health Vision, Mission, and Goals</b>	
<b><i>Vision</i></b>	All women and girls achieve the best possible health.
<b><i>Mission</i></b>	The Office on Women’s Health provides national leadership and coordination to improve the health of women and girls through policy, education, and model programs.
<b><i>Goals</i></b>	The Office on Women’s Health provides national leadership to
	1) Inform and advance policies
	2) Educate the public
	3) Educate professionals
	4) Support model programs



OWH's strategic plan aligns its goals on issues of particular concern to women and the means to address them through policy, programs, communication, collaboration, and performance. For example, OWH has worked to expand the number of users of OWH communication resources and to increase the number of girls aged 9–17 and women aged 18–85+ who participate in OWH-funded programs. This measure routinely exceeds OWH targets.

OWH's progress on and activities for these goals are described in greater detail in the sections that follow.

### *Expert Advice and Consultation*

OWH fulfilled the requirements of Section 229(b)(2) to “provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women’s health.” The Assistant Secretary for Health is also advised by OWH on issues related to the advancement of women’s health. OWH coordinates women’s health initiatives and programs for the entire Department. Thus, OWH is uniquely positioned to look at all these activities across HHS, encompassing research, regulation, quality improvements, health services, and prevention programs.

These activities are consistent with and reflect OWH’s commitment to providing national leadership to inform and advance policies on women’s and girls’ health (see **Table 1**, OWH Goal 1). Examples of these efforts follow.

➤ OWH is an HHS representative to the *White House Council on Women and Girls*. OWH collaborates with other federal leaders in proposing actions that affect the lives of women and girls, especially related to their health and well-being. On March 11, 2009, President Obama signed an Executive Order creating this Council, stating that its purpose was to ensure that every federal agency “takes into account the needs of women and girls in the policies they draft, the programs they create, the legislation they support.”<sup>7</sup>

➤ OWH is one of the two HHS representatives to the *White House Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities*. President Obama released a Presidential Memorandum establishing this working group on March 30, 2012. He charged executive departments and agencies to build on their work in addressing these issues by improving data collection, research, intervention strategies, and training. OWH has worked extensively with representatives from other federal agencies in responding to the mandates outlined in the memorandum.<sup>8</sup>

➤ OWH is an HHS representative to the *Office of the Vice President’s Working Group on Violence Against Women*. The Working Group brings high-level attention to this issue and the profound consequences for those who experience family and intimate partner violence. The Working Group also focuses on strengthening policies and making programmatic changes.

➤ Since 1994, OWH has led the 40-member *Federal Interagency Working Group on Women’s Health and the Environment*, which provides expert advice and consultation on environmental factors affecting women. The Working Group consists of representatives from HHS agencies and offices as well as representatives from the Environmental Protection Agency, the Department of Labor, the

Department of Defense, and the Consumer Product Safety Commission. It identifies gaps related to women's health and the environment, and it coordinates efforts across federal agencies and offices. Originally formed to address breast cancer and the environment, the Working Group focuses on current initiatives such as tobacco control interventions for young, low-socioeconomic-status women; workplace health and safety for women; exposures from cosmetics used by women; and environmental risk factors for lupus.

➤ OWH continues to collaborate with the White House Office of National AIDS Policy, which led the development of the *National HIV/AIDS Strategy for the United States*. The *Strategy* has three major goals: 1) to coordinate efforts to reduce HIV infections; 2) to increase access to care and optimize health outcomes for people living with HIV/AIDS; and 3) to reduce HIV-related health disparities, which include gender and sex differences. OWH's RWHCs work closely with other federal partners to increase awareness of the *National HIV/AIDS Strategy*.

➤ OWH works collaboratively with the HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) to provide expert advice and consultation to the HHS Secretary and Assistant Secretary for Health on the *National HIV/AIDS Strategy: Federal Implementation Plan*. Activities include developing policy and programmatic recommendations to meet the unique needs of women and girls. The *Implementation Plan* presents the Administration's plan for measuring progress toward meeting the *National HIV/AIDS Strategy's* goals.

➤ OWH continues to lead and manage the *Chronic Fatigue Syndrome Advisory Committee* (CFSAC). The Advisory Committee provides science-based advice and recommendations to the HHS Secretary on a broad range of issues and topics pertaining to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and other related health conditions. Research has shown that ME/CFS is three to four times more common in women than in men, a rate similar to that of autoimmune conditions such as multiple sclerosis and lupus. CFSAC focuses on policy, research, education, and access to care for those with this condition. The Committee includes ex-officio representatives from CDC, FDA, HRSA, NIH, AHRQ, CMS, and the Social Security Administration.

### ***Monitoring HHS Activities***

OWH fulfilled the requirements of Section 229(b)(3) to "monitor the Department of Health and Human Services' offices, agencies, and regional activities regarding women's health and identify needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities."

The Deputy Assistant Secretary for Health (Women's Health), who also serves as the Director of OWH, chairs the HHS Coordinating Committee on Women's Health (CCWH). OWH identifies ways to coordinate and expand the Committee's efforts throughout the Department, thus maximizing HHS resources and outcomes for women and girls. In meeting this goal, OWH considers the general population of women and girls as well as those for whom specific challenges may exist. Examples follow.

➤ In collaboration with the Administration for Children and Families (ACF) and Futures Without Violence---the national technical assistance provider---in 2010 OWH launched Phase 1 of *Project Connect: A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence*. Project

Connect is a national initiative focused on training health care providers working in adolescent health, reproductive health, and other public health settings, so the health care response to sexual and domestic violence can be improved. OWH identified and partnered with statewide teams to identify, respond to, and prevent domestic and sexual violence against women and children. More than 1,500 adolescent, reproductive, and perinatal health providers in eight states and two tribes were trained.

In 2012, OWH selected new sites for Phase 2 of *Project Connect (Project Connect 2.0)*. It is building upon the lessons learned and the successes in Phase 1 as it expands its reach into six new states. In addition to those new states' sites, there are five new health sites that are run by and serve Native Americans/Alaskan Natives and Asian Pacific Islanders.

This program demonstrates the connection between research, policy, and practices. For example, grantees are changing practice and policy by requiring their providers to assess and respond to violence and abuse and to offer safety resources. Project Connect funding stems from health provisions in the Violence Against Women Reauthorization Act of 2005.

➤ An OWH RWHC is an active member of the *HHS Workgroup on Asian American, Native Hawaiian and Pacific Islander Issues*. Established in 1997, the Workgroup's mission is to improve communication, coordination, agency policies, programs, and evaluations that impact the health, health care, human services, and well-being of Asian American, Native Hawaiian, and Pacific Islander communities. In response to Presidential Executive Order 13515, the *White House Initiative on Asian Americans and Pacific Islanders*, Workgroup members developed a strategic plan that will help increase the participation of these communities in HHS programs as well as community access to these programs.

➤ OWH develops and facilitates *Gender-Responsive Demonstration Model Programs*, with funding from the HHS Secretary's Minority AIDS Initiative Fund. These programs target women and girls of color, who are disproportionately affected by HIV/AIDS and sexually transmitted diseases. Programs have focused on adolescent girls at risk for juvenile delinquency, female partners of incarcerated/recently released men, and HIV-positive women living in Puerto Rico.

➤ OWH's RWHCs developed the *Women's Health Leadership Institute* and continue to support this non-traditional leadership training program. It trains and supports cadres of experienced community health workers (CHWs) across the United States to effectively reduce health disparities and chronic diseases in their communities. Master Trainers are learning to replicate the curriculum with other CHWs. Examples of community action projects include developing farmers markets and converting vacant lots into parks, playgrounds, or community gardens.

➤ OWH leads the *HHS Steering Committee on Violence Against Women (VAW)*. This committee comprises experts on VAW from agencies and offices within HHS. The committee meets bimonthly to collaborate on VAW issues, identify gaps in program initiatives, and propose strategies and solutions to address these gaps. The committee also produces an annual report on HHS's VAW programs and activities. Committee members also provide critical guidance as public health experts for the National Advisory Committee on Violence Against Women, which is chartered by the Department of Justice and co-chaired by the U.S. Attorney General and the HHS Secretary.

➤ OWH sponsored and provided training to federal agencies, in collaboration with the Office of Personnel Management (OPM), on the development of lactation worksite support programs. The trainings are based upon the curriculum and recommendations developed by HRSA's Maternal and Child Health Bureau, with support from OWH.

➤ OWH continues to participate in an HHS-wide effort to improve the nation's oral health by coordinating and integrating activities among HHS programs. OWH is represented on the *HHS Oral Health Coordinating Committee* (OHCC). In September 2011, OWH began planning the development of the *National Survey of Primary Care Physicians on Oral Health*, which will be mailed to approximately 1,000 U.S. internal medicine and family medicine physicians in late January 2013. The survey will gather data about physician knowledge, attitudes, and professional experience regarding oral health. Results from the survey can then be used by HHS and outside partners to inform initiatives designed to improve the quality of the nation's health.

➤ OWH is well-represented on the *Women and Trauma Federal Partners' Committee*. This committee coordinates and promotes the development of policies and services among federal agencies that effectively support women and girls who have been affected by exposure to trauma. Other participating federal departments and agencies include the Departments of Labor, Justice, Defense, State, Education, Agriculture, Veterans Affairs, and Housing and Urban Development.

➤ OWH's RWHCs will continue their work through 2014 on the project *Incarcerated Women and Girls: Piloting a Framework of Model Recommendations for Transitioning and Reentry into the Community*. Regional Coordinators are developing a best practices model and set of recommendations for gender-specific services to meet the needs of women re-entering the community after release from incarceration. Unique social, emotional, psychological, and physical challenges often impede a woman's smooth transition back into society.

➤ OWH is an active member of the *Federal Interagency Workgroup on Women and Reentry*. Established in 2012, its goal is to ensure that the needs of justice-involved women re-entering the community are prominently and comprehensively addressed.

### *Coordinating Committee on Women's Health*

As noted, OWH has fulfilled the requirements of Section 229(b)(4) to "establish a Department of Health and Human Services Coordinating Committee on Women's Health, which shall be chaired by the Deputy Assistant for Health-Women's Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services."

In 1983, almost eight years before OWH was established, the Assistant Secretary for Health appointed the *Public Health Service (PHS) Task Force on Women's Health Issues* to "identify those women's health issues that are important in our society today and to lay out a blueprint for meshing those issues with the priorities of the Public Health Service."

After two years of study, the Public Health Service Task Force issued Volume I of *Women's Health: Report of the Public Health Service Task Force on Women's Health Issues*. It included the task force's findings and a series of recommendations for addressing women's health. In response to those

recommendations, the HHS CCWH was created to facilitate intradepartmental communication. (See Table 2.)

<b>Table 2. HHS Coordinating Committee on Women’s Health (CCWH): Vision, Mission, and Objectives</b>	
<b><i>Vision</i></b>	All women and girls lead safe and healthy lives.
<b><i>Mission</i></b>	Provide Department-wide leadership to address the health, safety, and quality of life of women and girls.
<b><i>Objectives</i></b>	<ul style="list-style-type: none"> <li>• Recommend and provide guidance on women’s health policy, programming, and evaluation efforts</li> <li>• Collaborate and coordinate initiatives with federal and non-federal partners</li> <li>• Deliver science-based and culturally competent health information and resources</li> <li>• Identify and develop a coordinated response to emerging issues that affect women’s and girls’ health and well-being</li> </ul>

The CCWH is chaired by the Deputy Assistant Secretary for Health (Women’s Health). For reference, see **Appendix I** for the complete list of HHS agencies and offices that comprise the CCWH.

### ***National Women’s Health Information Center***

OWH has fulfilled the requirements of Section 229(b)(5) to establish a National Women’s Health Information Center (NWHIC) to “facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care.”

OWH began planning for NWHIC in 1994, when the Internet was still new to people’s homes. NWHIC was launched in 1998. Now, in 2013, NWHIC has many different components, with a strong foundation in digital media that adheres to the federal government’s Digital Strategy.<sup>9</sup>

Each component of today’s NWHIC works with the others to provide evidence-based, comprehensive, plain-language women’s health information to women and caregivers:

- OWH’s flagship websites: [www.womenshealth.gov](http://www.womenshealth.gov) and [www.girlshealth.gov](http://www.girlshealth.gov)
- OWH’s popular social media channels on Twitter and Facebook
- The Information and Referral Helpline (1-800-994-9662)
- The only national breastfeeding telephone helpline (1-800-994-9662)
- Print materials for important intermediaries (such as health professionals and teachers) to reach underserved populations

➤ The *womenshealth.gov* website is the foundation that anchors OWH’s digital communication efforts. The website provides plain-language consumer health information on more than 800 women’s health topics, in addition to daily news articles on women’s health. The *Pew Internet & American Life Project*<sup>10</sup> has found that a large majority, 86 percent, of women who use the Internet look for health information. In calendar year 2012, there were more than 15 million user sessions on *womenshealth.gov*. The most popular topics on the *womenshealth.gov* website in 2012 were pregnancy, menopause, and breastfeeding.

#### Feedback on *womenshealth.gov*

*I am writing only to say that this is the most comprehensive and clearly written fact sheet I have yet to come across during my many internet [sic] searches on a host of medical topics. Your publication covered every question that had occurred to me... plus several that I would not have known to ask. In short, I want to thank you for your thoughtfulness and foresight in preparing this fact sheet. I look forward to visiting your website often.*

Through the *girlshealth.gov* website, OWH addresses the needs of girls, their parents, and teachers. Information on the site helps motivate girls ages 10–16 to choose healthy behaviors by addressing fitness, nutrition, drugs, stress management, relationships, self-harm, self-esteem, and peer pressure and bullying. The website uses an interactive, user-friendly format to keep girls engaged and interested in learning more about their health. *Girlshealth.gov* is the number one Google return when searching for “girls’ health,” and during calendar year 2012, there were more than 1 million user sessions.

#### Feedback on *girlshealth.gov*

*Thank you for your helpful site on how to say no to drugs, I've been very conflicted since all my friends do heavy drugs and I never have. But the sentence Remember, your body and your future belong to you. Don't let anyone talk you into doing something that could hurt them. Really helped me, thank you so much.*

OWH constantly monitors the performance of *womenshealth.gov* and *girlshealth.gov* through a robust combination of evaluation tools, including Google Analytics and the Foresee American Customer Satisfaction Index (ACSI) survey. The average user satisfaction (ACSI) score in 2012 for *womenshealth.gov* and *girlshealth.gov* was 83 (on a scale of 1–100). In 2012, the Foresee ACSI survey also showed that 86 percent of *womenshealth.gov* users were likely to recommend the site to another person. Finally, the data from Google Analytics, the Foresee ACSI survey, user feedback, and federal partners are used to create a feedback loop for continual improvement and refinement for all OWH websites and digital media.

The next primary component of NWHIC is OWH’s **social media channels**. OWH was a pioneer in using social media, and specifically Twitter, in 2007 and 2008 to communicate important health messages to women. As a result, OWH enjoys a robust following on Twitter today with more than



500,000 followers of the @womenshealth Twitter channel and more than 325,000 followers of @girlshealth. These two are the second and third most popular Twitter channels among all HHS Twitter channels, behind the @CDCemergency channel. The number of followers of both OWH channels increases regularly each month, indicating that the content is useful.

In addition to these Twitter channels, OWH has a presence on Facebook with more than 15,000 “likes” on the women’s health Facebook page and more than 2,500 “likes” on the girls’ health Facebook page. Facebook allows for engagement and discussion with the American public, increasing OWH’s ability to positively affect women’s and girls’ health. The government’s *Digital Strategy* discusses the need to meet people wherever they are online, which OWH does by actively participating in these popular social media platforms.

The other major component of NWHIC is the **Information and Referral Helpline** and the **National Breastfeeding Helpline**. The Information and Referral Helpline offers a toll-free telephone number for callers at 1-800-994-9662, Monday through Friday, 9 a.m. to 6 p.m., Eastern Standard Time. Trained Information and Referral Specialists answer questions on women’s and girls’ health in English or Spanish. Assistance includes person-to-person responses and referrals to other information or helpful resources. During 2012, an average of 1,774 calls per month were received.

OWH provides the American public with the only national breastfeeding helpline as part of the Information and Referral Helpline. All Information and Referral Specialists are also trained breastfeeding peer counselors who provide information, support, and answers to basic breastfeeding questions in English or Spanish. On average, roughly one-third of the telephone calls to the Information and Referral Helpline are about breastfeeding.

The last principal component of NWHIC is **print materials**, which can reach audiences who are better served by a print, rather than digital, publication. OWH’s breastfeeding guides and mental health booklets were the most popular publications in 2012. A targeted selection of hard-copy publications is an important complement to digital materials to meet the needs of the 65 percent of Americans who do not have a smartphone<sup>11</sup> or the 1 in 5 Americans who do not use the Internet<sup>12</sup>. OWH’s print publications are frequently requested by important intermediaries such as health care professionals, teachers, and paraprofessionals such as lactation consultants.

OWH meets the requirements of Section 229(b)(5)(D) on NWHIC to “provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance).”

It is achieved primarily through two community-based programs, *BodyWorks* and *Best Bones Forever!* The *BodyWorks* program began in 2006, and it is designed to help parents and caregivers of girls and boys (ages 9–14) improve family eating and activity habits. *BodyWorks: A Toolkit for Healthy Teens & Strong Families* focuses on the family as the most important environment in which adolescents can learn how to prevent obesity.

The program uses a train-the-trainer model to distribute *BodyWorks* toolkits through community-based organizations, state health agencies, non-profit organizations, health clinics, hospitals, and health care systems. Technical assistance is provided through ongoing webinars, online videos and website information, person-to-person assistance through email and telephone, and a group of regional advisors. An extensive evaluation of *BodyWorks* will be completed by summer 2013. At present, more than 3,500 trainers and 3,000 families throughout the country have participated in the

program. The Spanish version of the *BodyWorks* toolkit was released in the summer of 2009, and 400 Spanish-speaking trainers with at least 400 families have participated in the program.

The *Best Bones Forever!* campaign encourages girls, their friends, and their parents to incorporate bone-healthy behaviors into daily life. By age 18, most young women have built most of their bone mass, which affects their chances of developing osteoporosis later in life. Women over the age of 50 are nearly twice as likely as men to develop this debilitating (and often life-threatening) disease. This national campaign emphasizes calcium and vitamin D consumption through food sources and physical activity for girls ages 9 to 14. In 2012, there were 17,363 user sessions on the website *bestbonesforever.gov*.

### ***Private-Sector Efforts***

OWH has fulfilled the requirements set forth in Section 229(b)(6) to “coordinate efforts to promote women’s health programs and policies with the private sector.” As noted above, many of OWH’s efforts include significant collaborations with the public and private sectors to improve the reach, sustainability, and effectiveness of OWH’s efforts, consistent with goals 3 and 4 of OWH’S strategic plan. These initiatives highlight OWH’s central convening function between public and private entities. Some of OWH’s outreach to, and partnerships with, the private sector are described in this section.

➤ OWH convenes the *HIV/AIDS and Women Leaders Working Group*, which consists of more than 100 HIV experts and community leaders from around the country. They have been instrumental in identifying and addressing gaps in HIV prevention, treatment, and research. Other federal partners engage with them on an annual basis to discuss ideas and propose actions. The third annual meeting was held in summer 2012. Speakers represented the White House Office of National AIDS Policy, The Office of the Vice President, the Presidential Advisory Council on HIV/AIDS, NIH, the Indian Health Service, HHS Office of Population Affairs, HHS Office of Adolescent Health, U.S. Department of Housing and Urban Development, and SAMHSA. Non-federal speakers represented The Women’s Collective, Johns Hopkins University, National Network to End Domestic Violence, and Advocates for Youth, among others.

➤ In conjunction with the Department of Justice’s (DOJ) Office on Violence Against Women, OWH led the HHS Steering Committee on Violence Against Women in convening an event in April 2012 in recognition of Sexual Assault Month. Titled “Call to Action: Addressing Sexual Violence on Campus,” federal speakers represented OWH, the White House’s Office of the Vice President, DOJ, HHS Assistant Secretary for Health, and CDC. Non-federal speakers represented Promoting Awareness, Victim Empowerment (PAVE), North Carolina Coalition Against Sexual Assault, Green Dot Center (a community-based organization), the University of South Carolina, Montclair State University, and *Essence Magazine*.

➤ OWH’s RWHCs continue to address violence against women by being the focal point for HHS-wide initiatives such as the *Domestic Violence Roundtables* in 2011 and the *Domestic Violence Summits* in 2012. Domestic violence conferences and human trafficking workshops have been sponsored by OWH to increase awareness of VAW. Wallet-sized safety cards have been created to give to patients or placed in the clinic or other health care setting. These cards address important topics in preventing domestic and intimate partner violence.



➤ OWH has sponsored the initiative titled *National Worksite Breastfeeding Support for Employers of Overtime Eligible (Hourly) Employees: Innovative Strategies for Success*. It helps employers provide reasonable break time and a private space, other than a bathroom, for lactating mothers to express milk. This project builds upon a previous OWH national outreach initiative designed and implemented to improve worksite support for breastfeeding employees. That initiative provided information, education, and resources about lactation workplace support to major corporations, labor unions, and business organizations.

➤ OWH, with support from SAMHSA, has created and continues to conduct a webinar series titled *The Impact of Trauma on Women and Girls: What every health and social service provider needs to know about the importance of providing trauma-informed services to women and girls across the lifespan*. At present, more than 21,000 individuals have participated in the webinar series. It provides the basic tools needed to implement trauma-informed practices for a wide array of health and social service providers who work with women and girls.

➤ In conjunction with the CCWH, OWH has developed resources for health care providers on screening, counseling, and referring victims of interpersonal violence (IPV). New private health plans must cover recommended women's preventive services, including domestic violence screening and counseling, with no cost-sharing.

➤ To address racial and ethnic disparities in breastfeeding, OWH collaborated with the Satcher Health Leadership Institute at the Morehouse School of Medicine, Reaching Our Sisters Everywhere, and CDC. A national summit was held for health care professionals and community experts regarding the low rates of breastfeeding among African American women. The *Breastfeeding Summit: Reclaiming an African American Tradition*, held July 17–18, 2012, at the Morehouse School of Medicine in Atlanta, Georgia, focused on encouraging breastfeeding among African American women.

➤ OWH continues to collaborate in a public-private partnership with *text4baby*, which was launched in 2010 by the *National Healthy Mothers, Healthy Babies Coalition*. The Coalition created this free mobile information service that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life. OWH is a partner with other HHS agencies in this educational service. OWH offers moms additional healthy pregnancy information and breastfeeding information and support through its [womenshealth.gov](http://womenshealth.gov) website and National Breastfeeding Helpline.

➤ OWH has contributed to several nationwide women's heart health initiatives. As a founding sponsor of the *Heart Truth Campaign*, with NIH's National Heart, Lung, and Blood Institute, OWH continues to disseminate educational modules for health professionals on the science behind the campaign's messages. (See [www.womenshealth.gov/hearttruth](http://www.womenshealth.gov/hearttruth).) These modules have been updated and appeared on *Medscape* for Continuing Medical Education credit in fiscal year 2012. OWH also supports the *Heart Truth Champions* program, a train-the-trainer initiative aimed at equipping a cadre of health advocates and educators in local communities with important health information and educational materials about women and heart disease.

➤ In FY 2008–2011, OWH funded the *Primary Care Partnerships Program to Prevent Heart Disease in Women*. It reached almost 3,000 health care providers in Ohio, Delaware, and Western New York through seminars, grand rounds, office detailing, and training for motivational interviewing. The program encourages patients to address the behaviors that put the patients at risk

for heart disease. Significant changes in the providers' knowledge about cardiovascular disease were observed as a result of this intervention.

➤ OWH funds the *Health and Wellness Initiative for Women Attending Minority Institutions*. It promotes women's health programs at eight minority institutions. The initiative comprises two Hispanic-Serving Institutions, four Historically Black Colleges and Universities, and two Tribal Colleges and Universities. This initiative provides these institutions with the capacity to conduct health promotion activities that are gender-responsive, culturally and linguistically appropriate, and age-appropriate. In these academic environments, institutional policies related to violence, HIV prevention, health services, nutrition, and physical activity are either created or expanded.

### *Exchange of Information*

As previously noted, OWH fulfilled the requirements of Section 229(b)(7) to “through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements...and between the Office and health professionals and the general public.” This exchange of information supports OWH's goals 2 and 3.

OWH translates the best science available in the fields of women's and girls' health into plain language so the science is understandable by a wide audience. This credible, non-biased, accurate information reaches the general public, academicians, health professionals, state and local agencies, and others through various avenues. Additional examples of information translation and dissemination follow.

➤ OWH provided a funding opportunity to support activities and events that provide awareness and education to women living in the United States and its affiliated territories on *Educating Women about Programs, Benefits, and Rights under the Affordable Care Act*. Activities took place in 2012 and covered different areas of the Affordable Care Act, including preventive services, Medicare benefits, reducing health disparities, and the Pre-Existing Condition Insurance Plan. Educational sessions provided women with information to allow them to make informed health care decisions for themselves and their families.

➤ OWH manages *Quick Health Data Online*, a dynamic and comprehensive database system that provides state- and county-level non-identifiable data for women and men from all 50 states, the District of Columbia, and U.S. territories. Database elements include demographics, mortality, access to care, reproductive health, infectious and chronic disease, maternal health, mental health, and violence and abuse. OWH modified and expanded this system in FY 2009 and updates the data annually. In 2012, user sessions averaged more than 8,000 per month, with a high of 11,000 that year. Free training sessions on how to create tables, graphs, and maps with the data are now offered several times a year.

➤ OWH leads the *Federal Women's Health Web Council*, which was established in 2011. Its members represent agencies and offices across the federal government that create and maintain digital women's health information. OWH's leadership of the Council provides opportunities and methods for improving the quality and accessibility of women's digital health information across federal sources.

► Heart disease is the leading cause of death for American women. OWH's programs help increase the percentage of women who are aware of the early warning symptoms and signs of heart attacks and the importance of accessing rapid emergency care by calling 9-1-1. OWH developed the *Make the Call, Don't Miss a Beat* campaign to inform women of the seven symptoms of a heart attack and the need to call 9-1-1 immediately. Television, radio, print, Internet, and outdoor Public Service Announcements (PSAs) have circulated nationwide during this two-year campaign. These ads have resulted in more than \$33 million of donated media. *USA Today* featured the campaign in December 2012 in a *Charity Spotlight* feature as did AOL in February 2013.

In FY 2013, the campaign is focused on Spanish-speaking women. Spanish-language television, radio, billboard, magazine, and social media PSAs will be disseminated nationwide. *CNN Español* featured the campaign in their morning show on February 4, 2013, reaching more than 8 million persons. Radio media tours were conducted on February 5, 2013, to celebrate *Heart Month*, reaching over 47 million persons. In January 2013, OWH funded 10 contractors to conduct campaign outreach encouraging Spanish-speaking women over age 50 to recognize the signs and symptoms of heart attack and to promptly call 9-1-1. Health departments, non-profit organizations, and medical organizations were selected across the United States and Puerto Rico.

#### **Feedback on *Make the Call, Don't Miss a Beat* Campaign**

*"I never thought I was having a heart attack...I did not have any information about heart attack...I felt different and went to see my doctor and he sent me to the cardiologist...and [I] found out I needed six bypasses. I wished [sic] I knew then all that I know now, thanks to WomenHeart."*— WomenHeart Champion

WomenHeart is the nation's only patient-centered organization devoted to supporting women living with heart disease and promoting prevention, early and accurate diagnosis, and proper treatment of heart disease in all women.

#### ***Translating Research and Best Practices***

Programs developed by OWH are typically intended to facilitate the exchange of information. They also translate research and best practices into usable actions that improve the health of women and girls. Examples of current projects that support this objective follow.

► OWH's *Coalition for a Healthier Community* provides support to communities to implement evidence-based, gender-specific programs that address health issues identified by the community. Begun in 2010, this cooperative agreement uses a two-phase approach that allows one year for planning and up to five years for implementation and evaluation. The first phase required 1) an assessment by the community to determine issues that have a major impact on the health of women and girls and 2) the development of a strategic action plan that addressed the identified issues. Now in its second phase, the coalitions are implementing the strategic action plans and evaluating their impact. These coalitions are made up of state and local health departments, community- and faith-based organizations, grassroots organizations, academic institutions, and hospitals.

➤ In 2010, OWH initiated a new multiagency project intended to reduce smoking rates in young, low-socioeconomic-status (SES) women, 40 percent of whom are now smoking. This target population is reached at three levels: clinical interventions during pregnancy and one year after delivering a child, quit lines with free incentives, and media campaigns. OWH worked in partnership with HRSA and the Indian Health Service (IHS) to pilot test the program in FY 2011. Organizations are now being trained on this model. Based on evaluation findings, the program will be expanded to Medicaid patients in FY 2014.

➤ Recognizing the critical role that health care providers play in the early diagnosis of lupus, Congress directed OWH and the Office of Minority Health (OMH) in 2009 to develop a curriculum for educating health care providers on this disease. This curriculum is slated to be launched in spring 2013. Its release will complement the *National Lupus Awareness Campaign*, which focused on increasing awareness of lupus and improving early diagnosis and treatment among those who are at increased risk for this disease, particularly young minority women. The Office of the Surgeon General is a partner in this program.

➤ OWH is in Phase 4 of the *National Training Initiative on Trauma Informed Care for Community-Based Providers from Diverse Service Systems*. The initiative educates service providers from diverse sectors to recognize the impact of trauma experiences on their consumers. The initiative also assists service providers to assess trauma, recognizing the impact of gender on the trauma experience. In addition, the project builds the capacity of diverse providers to make changes in the delivery systems to provide trauma-informed care to women, children, or families. The trauma experiences of women often have underpinnings in interpersonal violence, including domestic violence, sexual assault, incest, and a history of child abuse. Research findings recognize trauma as a crosscutting issue that has significant adverse effects on the health and well-being of women and children.

➤ Led by an OWH RWHC, more than 35 presentations on *Exposure to Traumatic Events: What You Need to Know to Improve Patient Care* have been given across HHS Region V. They emphasize the importance of understanding the gender-specific aspects of the experience of, and the response to, traumatic events by women. These educational sessions have reached more than 2,200 health and social service providers. Content includes the prevalence of traumatic events in society; the physical, psychological, and social consequences associated with traumatic events; and the effect of interactions with healthcare personnel on survivors.

➤ In FY 2012, OWH launched a new initiative, *Healthy Weight in Lesbian and Bisexual Women: Striving for a Healthy Community*. Its foundation is the IOM's 2012 report entitled *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. The initiative is focused on three states (California, Missouri, and New York) and Washington, DC. Community-level and group interventions will be evaluated to improve physical activity, eating behaviors, and risk factors for major chronic diseases and morbidities in this high-risk population.

### ***Stakeholder Events***

Meetings, conferences, and events are effective tools for engaging, collaborating with, and influencing the policy, research, and practice related to the health of women and girls. OWH actively

seeks the exchange of information among researchers, community providers, policy and education specialists, as well as the voices of consumers to inform the priorities of the Office. Examples of meetings, conferences, and events follow.

➤ OWH sponsors an annual *Women's Institute* at the U.S. Conference on AIDS that explores and examines issues relevant to women and HIV/AIDS. The 2011 and 2012 events were conducted in partnership with the National Minority AIDS Council.

➤ An OWH RWHC, working in close collaboration with a SAMHSA Regional Administrator, is co-chairing the planning for a regionwide event to advance the *National Strategy for Suicide Prevention (NSSP) 2012: Goals and Objectives for Action, a Report of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention*. The event will take place in spring 2013. OWH leadership will ensure that the issues are addressed from a gender-specific perspective.

➤ In 2011, OWH assisted in the development of a series of meetings on incarcerated women that were led by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in 2012. These meetings focused on creating a comprehensive gender-specific approach to preventing HIV/AIDS and other health issues among these women. In FY 2013, OWH plans to provide HIV/AIDS prevention education to incarcerated or recently released women using a community-team approach with other community providers, including officials from correctional institutions.

➤ In 2012, OWH convened the second *National Conference on HIV and Violence Against Women*, a pre-conference event for CDC's National HIV Prevention Conference. For the first time ever, the White House Advisor on Violence Against Women and the White House Director of the Office of National AIDS Policy shared a stage and a platform. This one-day event engaged more than 300 service providers from across the United States, including those in the fields of domestic violence, sexual assault, and HIV/AIDS. The event addressed the intersection between sexual and intimate partner violence and HIV/AIDS. The next conference is planned for summer 2014.

➤ OWH convened a satellite symposium, "*Collaborating Across Borders to Advance the Health of Women*," at the 2012 International AIDS Conference in Washington, DC. The session focused on the impact of global and U.S.-funded programs that address HIV prevention among women and girls. It addressed the intersections between HIV, domestic violence, and the social and contextual factors that affect the continuum of care, including HIV testing, medication adherence, and viral load. Successful programs from international and national organizations were highlighted.

### ***Public Awareness Activities***

OWH works closely with other offices and agencies to highlight the needs of specific populations through public awareness activities that focus on designated days or weeks in the year.

➤ *National Women's Health Week (NWHW)* is an annual health observance that brings together communities, businesses, government, health organizations, and other groups to promote women's health. NWHW encourages women to make their health a priority by taking simple steps to improve their physical and mental health and lower their risks of certain diseases. Emphasis is placed on getting regular checkups and preventive screenings, eating healthy, getting active, taking care of their mental health, and avoiding unhealthy behaviors such as smoking. In 2012, more than 950 entities held almost 2,300 events and outreach activities across the United States and its territories in



honor of NWHW. The third Presidential Proclamation for National Women's Health Week was issued in May 2012.

Other components of NWHW include *National Women's Checkup Day* and the *WOMAN Challenge* (Women and Girls Out Moving Across the Nation). Also coordinated by OWH, *National Women's Checkup Day* is a nationwide effort that takes place during NWHW. This event encourages women to call and visit health care professionals to schedule and receive checkups. This annual event promotes regular checkups as vital to the early detection of heart disease, diabetes, cancer, mental health illnesses, sexually transmitted infections, and other conditions. OWH began the *WOMAN Challenge* in 2001 as a part of *National Women's Health Week* to encourage women across the country to get active.

➡ *National Women's and Girls' HIV/AIDS Awareness Day* (NWGHAAD) is observed across the country every March 10. This event raises awareness of the disease's impact on women and girls, shares facts about HIV/AIDS, and asks participants to take action in various ways, including getting tested and providing services to those living with the disease. In 2012, more than 250 events were held across the country.

NWGHAAD is coordinated by OWH and its partners promote the observance in communities across the nation. OWH's RWHCs continue to promote NWGHAAD at the regional and state level by coordinating events with community- and faith-based organizations to increase awareness of the disease among high-risk populations. RWHCs provide funding for related community projects. Begun in 2006, the observance was established by OWH in collaboration with the HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP).

## ***Reporting***

OWH has fulfilled the requirements set forth in Section 229(d) that "the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared." OWH has assisted the Secretary in preparing and submitting this report to the appropriate committees of Congress not later than three years after the date of enactment of the Affordable Care Act.

## ***Transfer of Functions***

OWH has fulfilled the requirements set forth in Section 229(e)(2): "There are transferred to the Office on Women's Health (established under section 229 of the Public Health Service Act, as added by this section), all functions exercised by the Office on Women's Health of the Public Health Service prior to the date of enactment of this section."

## **Agency for Healthcare Research and Quality (AHRQ)**

The following sections describe the specific requirements in Section 3509 of the Affordable Care Act related to the Agency for Healthcare Research and Quality (amending Title IX of the Public Health Service Act [42 U.S.C.299 et seq.]).

### ***Establishment of an Office (Sec. 925a)***

AHRQ continues to fulfill the requirements set forth in Section 925(a) of the Public Health Service Act, as amended by Section 3509 of the Affordable Care Act, which mandates the establishment of an Office of Women's Health and Gender-Based Research, headed by a Director who is appointed by the Director of AHRQ. AHRQ's Office of Women's Health and Gender Research is housed in the Office of Priority Populations, which was originally established through the AHRQ authorizing legislation of 1999.

The Office of Priority Populations is responsible for maintaining AHRQ's focus on the health care of all priority populations, including women and minorities; individuals living in inner-city, rural, and frontier areas; low-income groups; children; the elderly; and individuals with special health care needs, including those with disabilities and in need of chronic care. Within the Office of Priority Populations are four Senior Advisors, including the Senior Advisor for Women's Health and Gender Research.

### ***Report on Current Level of Activities (Sec. 925b(1))***

The Senior Advisor for Women's Health and Gender Research reports directly to the Director of Priority Populations. In fulfillment of the requirements of Section 925(b)(1), publications during the reporting period have included the annual *National Healthcare Disparities Report*, the *National Healthcare Quality Report*, and an annual budgeting report, all of which contain information specific to women's health.

In the 2010 report, a fact sheet extracted women's health data from the two *National Healthcare Reports* (<http://www.ahrq.gov/qual/nhqrwomen/nhqrwomen.htm>). In 2011, new data were shown on the updated fact sheet (<http://www.ahrq.gov/qual/nhqrdr11/nhqrwomen11.htm>). In addition, a fact sheet highlighted data about the health of minority women from the reports (<http://www.ahrq.gov/qual/nhqrdr11/nhqrminoritywomen11.htm>).

### ***Women's Health-Related Goals and Objectives (Sec. 925(b)(2))***

AHRQ continues to fulfill the requirements of Section 925(b)(2) to establish short-range and long-range goals and objectives within AHRQ. It also coordinates with other appropriate agencies and offices on activities that focus on issues of particular concern to women. The Priority Populations Senior Advisors have crafted a mission statement to guide activities, including those related to women's health and gender research. In addition, these Senior Advisors have established networks within AHRQ, so the Senior Advisors can more frequently communicate across the agency's offices

and centers about any activities related to women's health. The Women's Health Network at AHRQ has held a series of activities in recognition of *National Women's Health Week*.

*The Healthcare Cost and Utilization Project (HCUP)* is an example of collaboration with another agency office. The HCUP is a family of health care databases and related software tools and products. The October 2011 report featured a special chapter dedicated to women's health statistics. *HCUP Facts and Figures: Statistics on Hospital-Based Care in the United States, 2009* presents an overview of hospital-related topics, including general characteristics of U.S. hospitals and the patients treated; the most common diagnoses, conditions, and procedures associated with inpatient stays; the costs and charges associated with hospitalizations; and the payers for inpatient stays. Chapter 5 focused on women's health and presented overviews of female and male hospital stays, common conditions during hospital stays for women, mood disorders, procedures, children (girls), and childbirth. A direct link to Chapter 5 follows:  
[http://www.hcup-us.ahrq.gov/reports/factsandfigures/2009/section5\\_TOC.jsp](http://www.hcup-us.ahrq.gov/reports/factsandfigures/2009/section5_TOC.jsp).

### ***Women's Health Projects (Sec. 925(b)(3))***

AHRQ has fulfilled the requirements of Section 925(b)(3). The Senior Advisor for Women's Health and Gender Research regularly networks and collaborates with agency research portfolios to maximize women's health and gender research perspectives. For example, the Senior Advisor is a voting member of the team that prioritizes topics for the *Effective Health Care Program*. She regularly serves as a peer reviewer for reports in several programs. A strong set of publications related to women's health and gender research has been produced in the last two years. Examples include HCUP statistical briefs and medical expenditure briefs related to women's health.

### ***Consultation with Women's Health Professionals (Sec. 925(b) (4))***

The Senior Advisor for Women's Health and Gender Research has consulted with Workgroups that support the *National Healthcare Quality and Disparities Reports*, the *U.S. Preventive Services Task Force*, and the *AcademyHealth Gender Research Special Interest Group*. AHRQ has also provided technical consultation to the March of Dimes, the American College of Obstetricians and Gynecologists, the American Nurses Association, the Office of Communications and Knowledge Transfer, and individual contractors and grantees. Collectively, these collaborations allow for targeted dissemination and outreach efforts to key stakeholders. AHRQ is currently updating the agency's website, which will improve the dissemination of activities regarding women's health and gender research. The following impact case study highlights the interaction of AHRQ's research and work with stakeholders.



### Case Study:

#### *Ohio Medicaid Uses AHRQ Evidence Report to Guide Policy Decision for Women and Infants*

AHRQ's evidence report, titled *Maternal and Neonatal Outcomes of Elective Induction of Labor*, summarized clinical evidence comparing the safety and outcomes of elective induction of labor with expectant management. The report found an associated increase in cesarean deliveries when labor is induced, compared with when labor occurs spontaneously. Using the information provided in the report, in conjunction with applied expertise, Ohio Medicaid's Neonatal Transformation Team reduced the induction of labor without clear medical indication in near-term infants by 40 percent over an 18-month period at 20 maternity hospitals. This reduction equated to a shift of more than 8,300 infants from near term to full term, preventing nearly 200 neonatal intensive care unit admissions and some infant deaths. The team reduced the rates of unplanned cesarean deliveries.

"Reducing cesarean [deliveries] was not our primary intent, but reducing elective deliveries without clear medical indication did result in a modest reduction of those rates," notes Mary Applegate, MD, Medical Director of Ohio Medicaid. "AHRQ's resources on maternal and child health have been instrumental in assisting Ohio's Medicaid Neonatal Transformation Team with making decisions to improve infant health." The team also used the report for patient education.

Ohio Medicaid received a Medicaid Transformation Grant from the Centers for Medicare & Medicaid Services to improve health outcomes for mothers and infants by implementing evidence-based practices in neonatal and obstetrical settings, developing partnerships, and sharing improvements. Ohio Medicaid participates in the Medicaid Medical Directors Learning Network, an AHRQ Knowledge Transfer project that provides a forum for clinical leaders of State Medicaid programs to discuss their most pressing needs as policymakers.

Knowledge Transfer Case Study Identifier: KT-COE-101 May 2012  
(<http://www.ahrq.gov/about/casestudies/compeff/ce2012c.htm>)

#### *CCWH Membership (Sec. 925(b)(5))*

The Senior Advisor for Women's Health and Gender Research has fulfilled the requirements set forth in Section 925(b)(5) by serving as an active and responsive representative on the CCWH.

## Centers for Disease Control and Prevention Office on Women's Health

The following sections describe the specific requirements in Section 3509 of the Affordable Care Act related to the Centers for Disease Control and Prevention (amending Part A of Title III of the Public Health Service Act [42 U.S.C. 241 et seq.]).

### *Establishment of an Office (Sec. 310A (a))*

CDC's Office of Women's Health (OWH) was established in 1994 within the Office of the Director as a freestanding office. CDC fulfilled the requirement in Section 310A(a) under Section 3509 [amending 42 U.S.C. 242(s)] and in 2010 placed the Office of Women's Health (OWH) within the Office of the Associate Director for Program in the Office of the CDC Director. The position of Director of CDC's OWH was filled by Yvonne Green, RN, CNM, MSN, effective January 2011.

The mission of CDC's OWH is to advance the health and safety of women and girls at every stage of life. CDC's OWH enables greater collaboration and access to information on women's health, serving as an advocate for women's health issues and a catalyst for innovative research, disease prevention and health promotion programs, and policy support.

### *Report on Current Level of Activities (Sec. 310 (b) (1))*

CDC works to promote the health, safety, and quality of life of people in the United States and around the world by focusing on preventing disease, injury, and disability. For women and girls, CDC seeks to better understand science and evidence-based strategies to promote and improve population health, monitor trends, and prevent and control infectious and chronic diseases, violence against women, workplace-related injury, disabilities and birth defects, reproductive health conditions, and environmental hazards.

In much of its work, CDC examines the impact of health, safety, and illness to every stage of life and by sex. Working with communities, academia, local and state governments, national and professional organizations, and other partners, CDC works to ensure that healthy girls become healthy women. Many of CDC's programs and activities focused on women's and girls' health fall into three overarching agency priorities: strengthen the public health system, strengthen health security at home and abroad, and strengthen collaboration between public health and health care.

### *CDC Priority: Strengthen the Public Health System*

#### **National Health Interview Survey (NHIS)**

NHIS monitors the health of the U.S. population through collecting and analyzing data on a broad range of health topics. NHIS covers the civilian non-institutionalized population of the United States with a sample of approximately 35,000 to 42,000 households per year. A major strength of this survey lies in the ability to analyze health measures by many demographic and socioeconomic characteristics. Sex is one of the demographics that can be analyzed in the NHIS data, and CDC does so in all general reports from this data source.

This annual survey obtains information, during in-person household interviews, on illnesses, injuries, activity limitation, chronic conditions, health insurance coverage, utilization of health care, and other health topics. NHIS data are used widely throughout HHS to monitor trends in illness and disability and to track progress toward achieving national health objectives. The data are also used by the public health research community for epidemiologic and policy analysis of such timely issues as characterizing those with various health problems, determining barriers to accessing and using appropriate health care, and evaluating federal health programs. (<http://www.cdc.gov/nchs/nhis.htm>)

### **National Health and Nutrition Examination Survey (NHANES)**

NHANES is a nationally representative health examination survey that combines an in-home interview and a standardized physical examination at a mobile examination center (MEC). Approximately 5,000 persons per year are sampled for inclusion in this continuous survey. Information obtained from this survey can be analyzed and disseminated by sex, and the National Center for Health Statistics does so in CDC reports.

NHANES has collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and risk factors such as obesity and smoking, serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, oral health, pharmaceuticals and dietary supplements used, and physical fitness. Findings from this survey are used to determine the prevalence of major diseases and risk factors for diseases. Information is also used to assess nutritional status and its association with health promotion and disease prevention.

(<http://www.cdc.gov/nchs/nhanes.htm>)

### **National Survey of Family Growth (NSFG)**

NSFG provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. This annual survey includes approximately 5,000 men and women 15–44 years of age in the household population of the United States each year. Information obtained from this survey should be analyzed separately by sex, given how the sample is designed and the interview is created. CDC analyzes the data this way in reports.

Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, forced sexual intercourse, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birth weight, and use of medical care for family planning and infertility. NSFG is used to study marriage, divorce, fertility, and family life as well as reproductive, maternal, and infant health topics. (<http://www.cdc.gov/nchs/nsfg.htm>)

### **National Vital Statistics System (NVSS)**

NVSS collects and publishes official national statistics on births, deaths, and fetal deaths occurring in the United States. These data are provided through vital registration systems, which are maintained and operated by the individual states and territories where the original certificates are filed. Fetal deaths are classified and tabulated separately from other deaths.

There are five vital statistics files—Birth, Mortality, Multiple Cause-of-Death, Linked Birth/Infant Death, and Compressed Mortality.

1. The *birth data* are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States.
2. The *mortality data* are a fundamental source of demographic, geographic, and cause-of-death information.
3. *Multiple cause-of-death data* reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death, whether or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death.
4. *National linked files of live births and infant deaths* are used for research on infant mortality.
5. The *compressed mortality file* is a county-level national mortality and population database.

NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and Washington, DC, as well as for each individual state and Washington, DC. Mortality data can be analyzed and disseminated by sex, and the CDC does this in its reports.

(<http://www.cdc.gov/nchs/nvss.htm>)

### **National Immunization Survey (NIS)**

NIS is a continuing nationwide telephone sample survey to monitor vaccination coverage rates among children (*NIS-Child*) 19–35 months of age and among teenagers (*NIS-Teen*) 13–17 years. Data collected for children include vaccination status and date of vaccinations for

- Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTP/DT/DTaP);
- poliovirus vaccine (Polio);
- measles, mumps, and rubella vaccine (MMR);
- *Haemophilus influenzae* type B vaccine (Hib);
- hepatitis B vaccine (Hep B);
- varicella zoster vaccine;
- pneumococcal conjugate vaccine (PCV);
- hepatitis A (Hep A); and
- influenza.

Data collected for adolescents include the vaccination status and data of vaccinations for meningococcal conjugate vaccine (MCV4) and human papillomavirus vaccine (HPV). Demographic data include age, gender, race and ethnicity, and poverty level. Data are available at various geographic levels, including Census regions, state, and selected urban areas.

(<http://www.cdc.gov/nchs/nis.htm>)

### **State and Local Area Integrated Telephone Survey (SLAITS)**

SLAITS collects important health care data at the state and local levels. This data collection mechanism was developed by CDC. SLAITS supplements current national data collection strategies by providing in-depth state and local area data to meet various program and policy needs in an ever-changing health care system. Much data exist at the national and regional levels but are not available at state and local levels. National data are useful for establishing public health priorities for the country. However, much demographic and geographic diversity exists throughout the nation.

SLAITS provides a mechanism for collecting data quickly on a broad range of topics at the national, state, and local levels. A partial list of examples of research areas include health insurance coverage, access to care, perceived health status, utilization of services, and measurement of child well-being. Information obtained from this survey can be analyzed and disseminated by sex, and the CDC does so in its reports. (<http://www.cdc.gov/nchs/slait.htm>)

### **National Birth Defects Prevention Study (NBDPS): Identifying Modifiable Risk Factors for Adverse Reproductive Outcomes**

CDC supports NBDPS, which has collected detailed data from maternal interviews on more than 40,000 women in 10 states. Study participants include women who have had a pregnancy or a baby affected by a birth defect as well as mothers of babies who have no major birth defects. The purpose of the study is to examine potential risk factors for adverse reproductive outcomes.

Recent findings from NBDPS studies of mothers in the general population—those whose child did not have a birth defect—found antidepressant use at any time during pregnancy increased from 2.5 percent in 1998 to 8.1 percent in 2005. In other recent analyses of NBDPS data, investigators have reported associations between certain birth defects and risk factors during pregnancy, including pregestational diabetes, pre-pregnancy obesity, and poor diet quality as well between certain birth defects and medications taken during pregnancy to treat acute or chronic medical conditions, including opioid analgesics, anti-epileptics such as valproic acid and carbamazepine, and infertility treatments such as clomiphene citrate. (<http://www.cdc.gov/ncbddd/birthdefects/NBDPS.html>)

### **Tobacco Use Before, During, and After Pregnancy**

CDC conducted epidemiologic and behavioral research on prenatal smoking that estimated the percentage of infant morbidity and mortality attributable to prenatal smoking using outcomes causally associated with prenatal smoking. CDC published seminal papers on prenatal smoking.

1) “Infant Morbidity and Mortality Attributable to Prenatal Smoking in the U.S.” (*Am J Prev Med.* 2010 Jul;39(1):45-52) estimated the percentage of infant morbidity and mortality attributable to prenatal smoking using outcomes causally associated with prenatal smoking. An estimated 5 to 8 percent of preterm deliveries, 13 to 19 percent of term low birth weight deliveries, 23 to 34 percent of sudden infant death syndrome (SIDS), and 5 to 7 percent of preterm-related deaths were attributable to prenatal smoking in 2002.

2) “Estimates of Nondisclosure of Cigarette Smoking among Pregnant and Nonpregnant Women of Reproductive Age in the United States” (*Am J Epidemiol.* 2011 Feb 1;173(3):355-9) provided the first-ever, U.S. population-based estimate of non-disclosure of prenatal smoking comparing self-report with a biochemical measure. Nondisclosure was statistically higher among pregnant active smokers (22.9 percent) than among nonpregnant smokers (9.2 percent).

### **CDC Nutrition Lab and Biomonitoring Program**

CDC assessed the nutritional status and needs of vulnerable population groups, such as minorities, children, and women of childbearing age. CDC also determined which chemicals get into the population and at what concentration, including exposure levels among vulnerable groups (i.e., minorities, children, and women of childbearing age).

### **National Children's Study**

CDC is collaborating with NIH on a pilot study of about 500 women. In this study, chemicals in pregnant women's blood and urine will be measured and, after delivery, the mother's breast milk and the infant urine. Most of the laboratory measurements have been completed and analyzed. Research publications are in preparation. ([http://www.cdc.gov/biomonitoring/childrens\\_study.html](http://www.cdc.gov/biomonitoring/childrens_study.html))

### **Tips from Former Smokers**

CDC launched a 12-week national tobacco education campaign, *Tips from Former Smokers*, on March 15, 2012, to increase awareness of the human suffering caused by smoking and to encourage people to quit. This campaign featured eight women, many of whom started smoking in their teens, who suffered from smoking-related illnesses. By showing people whose lives have been affected by the damage caused by smoking, CDC hopes to encourage smokers to quit and young people not to start and to strongly discourage smoking around children. Approximately 130,000 women visited the [www.smokefree.gov](http://www.smokefree.gov) website, where they could get free information and help to quit smoking.

Smoking causes an estimated 80 percent of all lung cancer deaths in women. Compared with nonsmokers, smoking is estimated to increase the risk of women developing lung cancer by 13 times. Unfortunately, 18 percent of women in the United States still smoke cigarettes. However, surveys indicate that at least three out of four want to quit. (<http://www.cdc.gov/tobacco/campaign/tips/>)

### **Identification of Pregnant Women with Hepatitis B Infection through Laboratory–Health Department Collaboration**

An estimated 25,000 infants annually in the United States are at risk for perinatal transmission of hepatitis B virus (HBV) infection, the most important cause of chronic HBV infection, with complications of liver failure or liver cancer in up to 25 percent. Most perinatal and infant HBV infections are preventable when prophylaxis starts at birth. Screening all pregnant women for HBV infection is recommended early in pregnancy to identify infants at risk. Positive HBV screening test results are reportable to health departments in all states and jurisdictions.

Current practice provides no mechanism for separating positive HBV test results from pregnant women and the considerably larger number of other people with positive HBV tests. With knowledge of pregnancy status, *Perinatal Hepatitis B Prevention Program* coordinators can ensure timely case management of pregnant women and their infants.

CDC, in collaboration with the four largest U.S. commercial laboratories, health departments, and professional societies and organizations evaluated potential mechanisms for conveying pregnancy status with positive HBV results reported to state and local health departments. By the end of 2012, two of the four laboratories had implemented reporting of positive HBV tests with improved identification of tests from pregnant women. By spring 2013, the remaining two laboratories will implement similar reporting mechanisms. These and other mechanisms are being adapted to other reportable diseases for which pregnancy status is relevant to public health intervention. (<http://www.cdc.gov/hepatitis/HBV/PerinatalXmntn.htm>)

### **Mid-America Pediatric Environmental Health Specialty Unit**

The Agency for Toxic Substances and Disease Registry (ATSDR) is collaborating with the Environmental Protection Agency (EPA) and reproductive health care leaders to identify actions to incorporate environmental exposure assessment in preconception and prenatal health care.

**National Intimate Partner and Sexual Violence Survey (NISVS)**

On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States, based on a new national survey conducted in 2010. Launched in December 2011, this national survey provides baseline data that will be used to track trends in sexual violence, stalking, and intimate partner violence. More than 1 million women are raped in a year, and more than 6 million women and men are victims of stalking in a year. These findings emphasize that sexual violence, stalking, and intimate partner violence are important public health problems in the United States. (<http://www.cdc.gov/violenceprevention/nisvs/>)

CDC obtained important experimental research results that identified candidate vaccine antigens that, in animal models, can protect against genital Chlamydia diseases, including severe complications such as tubal inflammation (pelvic inflammatory disease, PID), ectopic pregnancy, and tubal factor infertility (TIF). CDC obtained relevant experimental research results from analyzing the biochemical basis of Chlamydia-induced tubal inflammation in an animal model of genital chlamydial infection and found that vitamin D deficiency may exacerbate the intensity of chlamydial infection as well as the tubal inflammatory pathologies. These results have significant implications for preventing major sequelae of Chlamydia infection in women.

**Maternal and Child Health Epidemiology Program (MCHEP)**

Through MCHEP, CDC—in collaboration with HRSA—provides direct assistance to public health agencies by assigning senior CDC MCH epidemiologists and fellows to public health agencies to promote analytic capabilities and increase the ability to apply scientific and research evidence where assigned. In 2012, CDC placed 13 MCH epidemiologists in nine states, the United States/Mexico Border, two tribal entities, and one national partner. CDC also placed six Council of State and Territorial Epidemiologist fellows in six states.

MCHEP supports diverse training opportunities in epidemiology, biostatistics, program evaluation, and scientific writing to improve the data and analytic skills of staff from state and local public health agencies. These opportunities take place through year-long training courses at training institutes, professional continuing education, short courses, and professional conferences in partnership with the Association of Maternal and Child Health Programs (AMCHP Annual National Conference) and the University of Nebraska Medical Center (CityMatCH Annual National Conference). MCHEP continues to assess epidemiologic capacity needs at state and other public health agencies for possible placement of new field assignees. (<http://www.cdc.gov/reproductivehealth/MCHepi/>)

**Pregnancy Risk Assessment Monitoring System (PRAMS)**

Through a five-year cooperative agreement (FY 2011–2015), CDC supports PRAMS across 40 states and New York City to collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. These data are routinely used by CDC and state public health agencies to monitor changes in maternal and child health indicators and to plan and review state maternal and infant health programs. PRAMS provides data not available from other sources about pregnancy and the first few months after birth and allows comparisons among participating states because the same data collection methods are used in all participating states (<http://www.cdc.gov/prams/>).

**Pregnancy Mortality Surveillance System (PMSS)**

CDC's PMSS uses data from 52 U.S. reporting areas—50 states, New York City, and Washington, DC—to identify and describe rates and causes of pregnancy-related death. Extending maternal health surveillance to include identifying and reviewing severe pregnancy complications and the factors

associated with them has the potential to improve maternal health and health care by providing information to influence the delivery of health services and health policy. CDC has published constructs to be considered methods for identifying cases of severe maternal morbidity and continues to refine these methods based on feedback from stakeholders and available data.

These efforts are the first steps in monitoring trends at the local, state, and national level and in reviewing the quality of care in individual institutions or perinatal regions. Although data sources have been limited, the clinical relationship between severe morbidity and mortality suggests that the racial and ethnic disparities in maternal mortality also exist for severe maternal morbidity. Efforts to better understand morbidity and mortality will address reasons for disparities and inform appropriate preventive interventions.

Social determinants play an important role in the risk for maternal morbidity. CDC supports states in maternal mortality reviews and linked data systems. CDC is also working with selected states to develop best practices for identifying and reviewing maternal deaths, so evidence-based actions can be taken to improve systems of care for pregnant women.

(<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/Pregnancy-relatedMortality.htm>)

## **Breastfeeding**

Mothers who receive quality maternity care that includes support for breastfeeding are more likely to initiate breastfeeding, to exclusively breastfeed, and to breastfeed for a longer duration. The *2012 CDC Breastfeeding Report Card* shows that 47.2% of U.S. infants are breastfed at six months, compared to 44.3% in 2008. Increases in breastfeeding duration at six months, though modest, are moving towards the *Healthy People 2020* objective of 60.6%. CDC expects breastfeeding duration rates to increase, especially as more hospitals adopt standards monitored under the Maternity Practices in Infant Nutrition and Care (mPINC) survey and invest in making their facilities Baby-Friendly. In 2008, less than 2% of births occurred in Baby-Friendly hospitals. In the last four years, that number has more than tripled to 6.7%.

To further support efforts to increase breastfeeding initiation, exclusivity, and duration, CDC funded a cooperative agreement with the National Initiative for Children's Healthcare Quality (NICHQ) to lead the Best Fed Beginnings project launched in 2011. During 2012, NICHQ continued its work with 89 hospitals nationwide to use quality improvement methods to improve maternity care practices to fully support breastfeeding. These hospitals are committed to implementing the *Ten Steps to Successful Breastfeeding* and attaining Baby-Friendly designation.

CDC launched a second project in 2012 aimed at increasing breastfeeding duration. The state-based community support for breastfeeding was launched with six states. They were tasked with providing resources and support to community-based organizations serving low-income or minority populations, so they could implement or improve activities that support mothers in continuing to breastfeed after hospital discharge.

CDC works to improve breastfeeding-related practices in maternity care centers and workplaces to support mothers who are or who intend to breastfeed. CDC provides support and assistance to states, communities, hospital learning collaboratives, and community-based organizations to provide resources to breastfeeding mothers. CDC monitors breastfeeding rates and practices and develops and disseminates evidence-based practice guidance for improving breastfeeding initiation and duration. These resources include the *Surgeon General's Call to Action to Support Breastfeeding*, *CDC Guide to Breastfeeding Interventions*, the Best Fed Beginnings Initiative, Maternity Practices in



Infant Nutrition and Care (mPINC) survey, and the *Breastfeeding Report Card*. (<http://www.cdc.gov/breastfeeding/>)

### **Perinatal Quality Collaboratives (PQCs)**

Beginning FY 2011 and continuing through FY 2013, CDC is funding three state-based PQCs in New York, Ohio, and California. PQCs are networks of perinatal care providers and public health professionals, working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes. PQCs include hospitals, pediatricians and neonatologists, obstetricians and perinatologists, midwives, nurses, and state health department staff.

PQC members identify care processes that need to be improved and use the best available methods to make changes and improve outcomes. State PQCs include key leaders in private, public, and academic health care settings with expertise in evidence-based obstetric and neonatal care and quality improvement. PQCs address a range of perinatal health issues, including elective deliveries before 39 weeks of gestation, antenatal steroid use, and hospital-acquired neonatal infections.

(<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PQC.htm>)

### **AMIGAS: Increasing Cervical Cancer Screening for Hispanic Women**

AMIGAS stands for “*Ayudando a Las Mujeres con Información, Guía y Amor para su Salud*.” In English, this phrase means “Helping Women with Information, Guidance, and Love for Their Health.” AMIGAS is a bilingual educational outreach intervention designed to help *promotoras* (community health workers) and other lay health educators increase cervical cancer screening among Latinas who have rarely or never had a Pap test. CDC funded a recent randomized controlled trial that showed AMIGAS is effective in promoting cervical cancer screening (Pap tests) among Latinas ages 21 to 65. ([http://www.cdc.gov/cancer/cervical/what\\_cdc\\_is\\_doing/amigas.htm](http://www.cdc.gov/cancer/cervical/what_cdc_is_doing/amigas.htm))

### **Healthy Sistas: Straight Talk for Sistas 2010–2012**

In 2010, CDC partnered with LTG Associates, SisterLove, National Coalition of STD Directors (NCSO), Morgan State University, and North Carolina Central University to develop an HIV/STD curriculum for college-aged African American women. *Healthy Sistas* is designed to educate college-aged African American women about healthy behaviors and to engage the young women in discussing issues that influence their decisions and affect their reproductive and sexual health.

The goals of this project are to increase knowledge and behaviors that support healthy relationships; that reduce the risk of sexually transmitted infections (STIs), including HIV; and that decrease the incidence of STIs, new cases of HIV, and unplanned pregnancies among college-aged African American women. The objectives are to adapt and enhance an HIV/STD intervention specifically tailored to this audience and to provide a model for a peer support network that assists young women.

### **WISEWOMAN**

WISEWOMAN provides screening for heart disease and stroke risk factors for low-income, uninsured, or under-insured women who are between 40 and 64 years old and participate in the *National Breast and Cervical Cancer Early Detection Program*. WISEWOMAN provides risk reduction counseling, lifestyle program interventions, and community referrals to women based on their risks. Intervention activities are focused on improving behaviors related to diet and physical inactivity and stopping smoking.

### **Cancer Innovation Grants**

In June 2012, CDC awarded a new five-year cooperative agreement to states, tribes, and territories that funds three national cancer programs, including the *National Breast and Cervical Cancer Early Detection Program* (NBCCEDP). In one component of the cooperative agreement, CDC awarded innovation grants to the New York State Department of Health and the Minnesota Department of Health to pursue population-based interventions as part of NBCCEDP. The projects aim to increase screening rates for breast and cervical cancer among women and increase the rates of timely follow-up care. Grantees are piloting interventions such as the development of a cancer screening registry that will support a uniform data-entry system to track the quality of screening care and promote quality improvement among providers. The system will use direct mail to send reminders to clients.

### **States Monitoring Assisted Reproductive Technology (SMART)**

The SMART Collaborative encompasses a consortium of surveillance and research projects being conducted with the Massachusetts, Florida, and Michigan State Departments of Health. It seeks to a) develop a surveillance system of assisted reproductive technology (ART) maternal and infant health outcomes, b) strengthen the capacity for evaluating these outcomes, and c) provide information to improve maternal and perinatal outcomes and programs in all three states.

CDC contracted with these state departments of health to develop surveillance data on maternal and infant health outcomes after ART by

- 1) linking the data from the *National ART Surveillance System* (NASS) with the states' vital records, and
- 2) expanding links to other data (e.g., birth and death certificate data, hospital discharge data, birth defect registries).

These linked data sets provide an opportunity to compare birth outcomes between ART- and non-ART pregnancies and allow assessment of long-term outcomes of ART. Linked data sets compiled through the efforts of the SMART Collaborative were analyzed to answer various research questions with some results published and with other publications in progress. Information about the SMART Collaborative is available at <http://www.cdc.gov/art/SMART.htm>.

### **States and Gestational Diabetes Mellitus (GDM)**

CDC provides funding to the National Association of Chronic Disease Directors through a five-year cooperative agreement to accomplish the following:

- Establish a multi-state collaborative with 10 states (Alaska, Arkansas, Florida, Idaho, Missouri, North Carolina, Ohio, Oklahoma, and West Virginia) and three tribes (Choctaw, Chickasaw, and Navajo Nations);
- identify, catalogue, and validate routinely collected data about GDM;
- identify gaps in the quality of GDM prevalence data;
- develop interventions to improve access to care and increase post-partum follow-up; and
- enhance collaboration among public health programs.

The findings from the project's validation process showed that a lack of consistent GDM diagnosis and documentation in medical records can impact post-partum testing for type 2 diabetes and follow-up care for women with GDM. As a result of these findings, the project's collaborative states and

tribes developed recommendations to improve data collection and interventions to reach women with a history of GDM.

### **The *Right to Know* Campaign**

Health promotion of breast cancer screening for women with disabilities continued to be a high priority for CDC and its partners in 2011 and 2012. Following the release of new breast cancer screening guidelines by the *U.S. Preventive Services Task Force* (USPSTF), CDC embarked on a strategic communication initiative. CDC updated and refreshed the *Right to Know* breast cancer screening campaign content, offering materials such as bilingual tips sheets, posters, flyers, web badges, and buttons for download from the *cdc.gov* website. Messages were disseminated through various communication channels that included the *cdc.gov* website, Facebook, Twitter, Flickr, a website spotlight article, and email networks.

CDC forged collaborations that resulted in including women with disabilities in health promotion activities based on breast cancer such as website content and social media outreach. CDC also represented women with disabilities in the *Vital Signs Twitter Chat* on disparities in breast cancer among stratified populations of women.

(<http://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/>)

### **CHOICES: A Program for Women about Choosing Healthy Behaviors**

The *CHOICES* intervention is an evidence-based program for non-pregnant women designed to reduce their risk for an alcohol-exposed pregnancy. In 2011, a *CHOICES* curriculum package was released. These materials are designed for use by professionals trained in behavioral health counseling who will be conducting the *CHOICES* program. The counselor manual provides background information and guidance on conducting the *CHOICES* sessions, and the client workbook provides materials to be shared with women participating in the program. The facilitator guide, which is designed for use by trainers, provides instruction on how to conduct the intervention and includes presentation slides. *CHOICES* materials are available for order and download at <http://www.cdc.gov/NCBDDD/fasd/freematerials.html>.

CDC is also assessing the feasibility of implementing *CHOICES* in sexually transmitted disease clinics, community health centers, family planning clinics, and American Indian communities. A training and technical assistance plan is currently in development to 1) help facilitate widespread adoption of *CHOICES* and 2) enhance state and local capacity to implement *CHOICES* in systems of care that serve high-risk women of reproductive age.

### **Teen Pregnancy**

CDC works with communities, states, and national organizations to identify underserved populations at risk for teen pregnancy, particularly among minority communities; identify teen pregnancy risk factors; and advance strategies based on applied research to reduce teen pregnancy.

As part of the *President's Teen Pregnancy Prevention Initiative*, and in collaboration with other HHS operating divisions, CDC provides scientific and programmatic assistance to nine state- and community-based organizations in order to evaluate the impact of a multi-component, community-level effort to reduce teen birth rates in 10 targeted communities. These organizations target African American and Latino/Hispanic youth aged 15–19 years. The organizations focus on increasing access to reproductive health care services, increasing the use of effective interventions, and educating community leaders and partners about evidence-based strategies for reducing teen pregnancy.

To provide training and technical assistance to these organizations, CDC funds five national organizations through cooperative agreements (FY 2010–2014). These five organizations have held more than 65 trainings/workshops and five webinars with the teen pregnancy prevention grantees. These learning opportunities cover topics such as how to work with schools, how to engage parents, how to engage the Latino community, and how to develop strategies for addressing health disparities. (<http://www.cdc.gov/TeenPregnancy/>)

#### **InSHAPE (Integrated Screening and Health Assessment, Prevention and Evaluation)**

InSHAPE is a four-year collaboration (FY 2009–2012) with the University of North Carolina, East Carolina University, and the Pitt County Health Department to 1) screen low-income, uninsured, or under-insured women of reproductive age for chronic disease and associated risk factors (hypertension, diabetes, high cholesterol, obesity, and smoking); and 2) provide case management to ensure appropriate referral, follow-up on referral, and adherence to recommended treatment according to protocols.

InSHAPE screened 462 Title X female patients and found high prevalence of pre-diabetes, pre-hypertension, obesity, and smoking. InSHAPE adapted and implemented evidence-based lifestyle intervention for use with this population. The collaboration also developed and piloted a weight loss intervention, began annual re-screenings, and began to culturally adapt the intervention materials for Spanish-speaking populations.

#### **Take Charge. Take the Test.<sup>TM</sup> (TCTT)**

CDC developed TCTT, a phase of the *Act Against AIDS* campaign designed to increase HIV testing among African American women aged 18–34. TCTT is a social marketing campaign developed to encourage African American women to get tested for HIV. Through compelling messages and imagery, it aims to help African American women recognize their risk of getting HIV and empower them with the information they need to take charge of their health. TCTT was informed by significant research with African American women across the United States as well as by nationally renowned social marketing consultants, target-audience experts, and leaders in HIV/AIDS prevention. (<http://www.cdc.gov/actagainstaids/>)

#### **STD-related Reproductive Health, Prevention, Training, and Technical Assistance Centers (STDRHPTTACs)**

CDC, in collaboration with HHS OPA, supports a national network of regional STDRHPTTACs. They provide technical assistance and training to state, local, territorial, and tribal STD and Title X Family Planning programs to strengthen the program management and delivery of STD services and to improve the quality of reproductive-health-related STD services. Key activities of STDRHPTTACs include the following: STD prevalence monitoring, billing and reimbursement technical assistance, strategic planning, provider education training, promotion of health equity, program collaboration and service integration, and the identification of best practices.

#### **Effective HIV Behavioral Interventions for Women**

CDC also supports the national dissemination of effective HIV behavioral interventions for women. Examples follow.

- *SIHLE (Sistering, Informing, Healing, Living, and Empowering)* is a group-level intervention aimed at reducing risk behaviors among sexually active black teenagers aged 14–18.

- *Sister to Sister* is a brief, one-on-one, skills-based behavioral intervention for sexually active African American women aged 18 to 45 years designed to reduce sexual risk behaviors and prevent HIV and other sexually transmitted infections.
- *WILLOW (Women Involved in Life Learning from Other Women)* is a social-skills building and educational intervention for adult heterosexual women who are between the ages of 18 and 50 and who are living with HIV infection. (<https://www.effectiveinterventions.org/en/Home.aspx>)

### ***Dating Matters™: Strategies to Promote Healthy Teen Relationships***

In September 2012, Vice President Biden announced that CDC had awarded grants to four communities as part of its new teen dating violence prevention initiative, *Dating Matters™*. The grants totaled \$7 million, which is expected to cover five years of program activities for preventing teen dating violence. This funding will aid local health departments in leading their communities in developing, implementing, and evaluating a comprehensive approach to prevent teen dating violence before it starts. *Dating Matters™* focuses on 11- to 14-year-olds in high-risk urban communities. It includes preventive strategies for individuals, peers, families, schools, and neighborhoods. Over the next five years, this initiative will be implemented in middle schools and neighborhoods in four urban areas: Baltimore, Chicago, Fort Lauderdale, and Oakland.

Because *Dating Matters™* uses a combination of evidence-informed and evidence-based approaches, evaluating the initiative's impact over the course of implementation is critical. Therefore, a rigorous evaluation is being conducted simultaneously with the implementation of this initiative in the funded sites. The evaluation will entail an outcome-and-process evaluation as well as a cost-analysis of this comprehensive approach compared to standard practices for preventing dating violence. By developing and implementing a comprehensive approach that engages youth, their parents, peers, educators, and communities, *Dating Matters™* is intended to decrease dating violence in high-risk urban communities and equip young people with the skills needed to build healthy and safe relationships. (<http://www.vetoviolence.org/datingmatters/>)

### ***CDC Priority: Strengthen Health Security at Home and Abroad***

#### **H1N1 Pandemic and the Pregnancy Risk Assessment Monitoring System (PRAMS)**

During the 2009–2010 flu season and H1N1 pandemic, 30 PRAMS sites collected data on H1N1 and seasonal flu vaccination on pregnant women. Among those sites, the median state vaccination coverage was 47.1 percent for seasonal influenza and 40.4 percent for influenza A (H1N1)pdm09. Substantial variation across areas was observed for prevalence of a provider offer or recommendation during pregnancy and for influenza vaccination.

Overall, women who reported that a health care provider offered them influenza vaccination or told them to get it during their pregnancy were more likely to be vaccinated than those without an offer or recommendation. These findings emphasize the need for state-specific strategies that optimize provider involvement to increase influenza vaccination of pregnant women.

(<http://www.cdc.gov/h1n1flu/pregnancy/>)

## **Influenza and Pregnancy**

CDC provided support for research on the unique impact of influenza among pregnant women and their infants. Reported findings from analyses of data collected through enhanced influenza surveillance included information about the health outcomes of pregnant women with influenza and their pregnancies. These findings emphasized the importance of vaccination and early antiviral treatment. From October 2009 until August 31, 2011, CDC staffed a 24-hour phone line to provide clarification on CDC guidance for health care providers who were caring for critically ill pregnant or postpartum women. This was done via telephone consultation with board-certified OB/GYNs. (<http://www.cdc.gov/flu/protect/vaccine/pregnant.htm>)

## ***CDC Priority: Strengthen Collaboration between Public Health and Health Care***

### **Tools for Improving Clinical Preventive Services among Women with Disabilities**

Research shows that women with disabilities or special health care needs often encounter barriers to basic clinical preventive services. CDC partnered with the Association of Maternal and Child Health Program stakeholders to examine ways to improve preventive services receipt among women with disabilities. The literature and national data sources were reviewed to identify data on preventive services receipt by disability status. Published barriers and strategies to improving preventive services receipt were identified as well as tools for implementing those strategies. Stakeholders convened to review existing tools to determine their potential use by state- and community-based programs. Reviewed tools included the Guide to Clinical Preventive Services, Disability and Health Data System, a community action guide, a transportation resource hotline, and training sessions for clinicians and women with disabilities. Stakeholders affirmed the relevance of these tools to their work. As a highlight, the Disability and Health Data System is an interactive state-level disability data tool designed to assist partners, state health departments, national disability and health organizations, researchers, educators, and others in the assessment of the health and wellness of people with disabilities. This centralized source of data on a variety of topics will allow users to assemble and assess disability-related health information, including health disparities among women. (<http://dhds.cdc.gov/>)

## **HIV in Women**

CDC continues to fund HIV testing and prevention programs in state and local health departments and community-based organizations and to be actively involved in researching microbicides—creams or gels that can be applied vaginally or anally before sexual contact to prevent HIV transmission. CDC supports clinical trials of pre-exposure prophylaxis (PrEP) to determine whether PrEP reduces the risk of heterosexual transmission of HIV. CDC also continues its work to further reduce mother-to-child HIV transmission in the United States by supporting perinatal HIV prevention campaigns, enhanced surveillance for HIV-infected mothers and babies, the use of education programs, and capacity-building among health care providers and public health practitioners. (<http://www.cdc.gov/hiv/topics/women/>)

### **Breast Cancer in Young Women**

In September 2011, CDC awarded funds to seven organizations for a new, three-year cooperative agreement, “Developing Support and Educational Awareness for Young (<45) Breast Cancer Survivors in the United States.” This program provides resources to organizations to establish or enhance existing support services for young (<45) breast cancer survivors (YBCS) and their families. Also in September 2011, CDC provided funding to three states—Georgia, Michigan, and Oregon—for a three-year cooperative agreement to enhance breast cancer genomic practices through education, surveillance, and policy.

([http://www.cdc.gov/cancer/breast/what\\_cdc\\_is\\_doing/young\\_women.htm](http://www.cdc.gov/cancer/breast/what_cdc_is_doing/young_women.htm))

### **Assisted Reproductive Technology (ART) Success Rates**

Every year, CDC publishes and disseminates the *Assisted Reproductive Technology Success Rates Surveillance Report* to help potential ART users make informed decisions regarding the technology by providing information on the average chance of having a child by using ART and by reporting on the expertise and laboratory accreditation of clinics that provide ART services. Results for 2010 indicate that 147,260 ART cycles were performed at 443 reporting clinics in the United States, resulting in 47,090 live births and 61,564 infants. (<http://www.cdc.gov/ART/index.htm>)

### **TRxearing for Two: Safe Medication Use in Pregnancy**

In January 2012, CDC launched the *TRxearing for Two: Safe Medication Use in Pregnancy* initiative, which aims to improve the available safety and risk information on medications frequently used by reproductive-aged women. Approximately 90 percent of all women take at least one medication while pregnant. However, only 9 percent of those medications approved by FDA from 1980 to 2010 had sufficient scientific evidence to determine their risk for birth defects when used during pregnancy. Through this initiative, CDC has increased awareness of safe medication use during pregnancy through the CDC website and social media. In addition, CDC established an interagency coalition of federal partners—CDC, FDA, AHRQ, NIH, and HRSA—to collaborate on medications and pregnancy research and programmatic activities.

### **Show Your Love Campaign**

CDC worked in collaboration with the National Preconception Health and Health Care Initiative (PCHHCI) Consumer Workgroup to develop and launch the *Show Your Love* campaign in February 2013. This new national campaign was designed to improve the health of women and babies by promoting preconception health and health care. The campaign’s main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant. For those women who do not want to start a family in the near future or at all, the campaign encourages them to choose healthy behaviors. The campaign targets women of childbearing age (18-44 years) and includes tailored materials for women who are planning a pregnancy in the next couple of years and for those women who are not. ([www.cdc.gov/showyourlove](http://www.cdc.gov/showyourlove))

### **Weight Loss and Smoking Cessation Intervention for American Indian and Alaska Native Women**

Begun in October 2009 and ending in September 2013, this four-year project is a collaboration between CDC, the University of Washington, the Seattle Indian Health Board, and the Oglala Sioux Tribe. The project tests the efficacy of a culturally tailored Contingency Management intervention to promote cigarette abstinence and weight loss among American Indian and Alaska Native women of reproductive age.

### ***U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use***

*MEC for Contraceptive Use*, published in 2010, provides guidance on whether women and men with particular medical conditions or physical characteristics can safely use certain methods of contraception. Following the 2010 publication, two updates were released related to postpartum use and use among women at high risk for HIV or infected with HIV. Tools also were developed to support the U.S. MEC guidelines, including summary charts, Medical Eligibility Wheel for Contraceptive Use, and an iPhone/iPad application.

(<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>)

### **Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic**

CDC sponsored a project aimed at educating clinicians about how to counsel pregnant women about tobacco use and tobacco cessation. The web-based training—*Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic*—includes innovative strategies such as patient simulations, case discussions, and lectures. Up to four hours of continuing education credits can be earned by completing the practicum developed by the Interactive Media Laboratory, Dartmouth Medical School in collaboration with the American College of Obstetricians and Gynecologists, and CDC. The training was endorsed by the American College of Obstetricians and Gynecologists and promoted to more than 2,000 providers. If all providers improved their smoking cessation skills and provided cessation counseling to pregnant smokers, there is the potential to reduce the number of infants exposed to tobacco in utero by 30,000.

### **Gestational Diabetes Mellitus (GDM)**

Gestational diabetes mellitus (GDM) is defined by glucose intolerance that first manifests during pregnancy. Women who are diagnosed with GDM are at greater risk of developing type 2 diabetes later in life compared to women who do not have GDM. To address this public health problem, CDC researchers developed several collaborative projects targeted particularly to postpartum women. One of CDC's priorities is to work with health care systems, providers, professional groups, and women to increase and improve postpartum glucose testing, postpartum counseling about a healthy diet and weight management, and follow-up and referral of women who developed diabetes while pregnant.

CDC and a large managed care organization conducted a study that revealed that postpartum glucose screening among women who had GDM was very low. These findings were used to develop an improved process for postpartum glucose testing, including staff education sessions, revised diabetes patient care rules, electronic order entry tools, and an electronic reminder system for women who had not completed postpartum glucose testing within three months of delivery. As a result, these strategies led to increased screening, enhanced counseling, and better follow-up of affected women.

In addition, in cooperation with Brigham and Women's Hospital, CDC funded *Balance after Baby*, a web-based *Diabetes Prevention Program* (DPP)-style intervention that addresses diet, physical activity, and weight management in postpartum women with recently diagnosed GDM. Outcomes include adherence to diet and physical activity recommendations and weight loss.

(<http://www.cdc.gov/pregnancy/diabetes-gestational.html>)

### ***Million Hearts™: Preventing a Million Heart Attacks and Strokes by 2017***

Cardiovascular disease—heart disease and stroke—is the leading killer of women. To reduce stroke and heart attacks across the nation, CDC recently launched the *Million Hearts™* initiative to promote heart-healthy lifestyles and to improve patient care by focusing on the “ABCS” of clinical prevention: Aspirin for people at risk, Blood pressure control, Cholesterol management, and Smoking cessation. (<http://millionhearts.hhs.gov/index.shtml>)



*Million Hearts*<sup>™</sup> provides a robust platform for cardiovascular health issues for women. Many partners are using this platform to reach their constituents, such as Sister to Sister Foundation. Sister to Sister (S2S) teamed up with Brigham and Women's Hospital in February 2012 to launch *Smart for the Heart*, a free, online cardiovascular wellness tool that will help people, particularly women, identify and manage their own risk for heart disease through a risk assessment, wellness plan, online workshops, health content, and individual email follow-ups from experts.

### **The Act Against AIDS Leadership Initiative (AAALI)**

AAALI is a six-year partnership between CDC and leading national organizations representing the populations hardest hit by HIV. Launched in 2009, AAALI initially brought together some of the nation's foremost African American organizations to intensify HIV prevention efforts in black communities. Through AAALI, CDC partnered with organizations such as the Black Women's Health Imperative, Congressional Black Caucus Foundation, National Council of Negro Women, Sigma Gamma Rho Sorority, Inc., and others to address HIV among African American women (<http://www.cdc.gov/actagainstaids/partnerships/index.html>).

### ***Women's Health-Related Goals and Objectives (Sec. 310A(b)(2))***

Agency and program goals and objectives have been identified, as demonstrated through *Healthy People 2020*; CDC's *Winnable Battles* initiative (a set of agency priorities); and CDC's quarterly progress report (QPR) activities, which are periodic assessments of CDC's programs to ensure progress against one- and four-year goals. The *National Prevention Strategy* and the *National HIV/AIDS Strategy* also provide focus areas on women's health.

### ***Women's Health Projects (Sec. 310A(b)(3))***

CDC OWH works with the CDC Centers on developing and implementing projects focused on diverse research, surveillance, and programmatic areas for consumers, health professionals, and other groups. In addition to specific programs and initiatives to promote women's health that are managed by CDC's National Centers, OWH provides leadership and support for cross-cutting and innovative efforts to advance women's health. Examples include the *text4baby* public-private partnership and CDC's communications efforts: podcasts, e-newsletters, listservs, medical journal monthly feature on CDC and women's health, and an e-brief on women's health for congressional staff on various women's health topics.

### ***Consultation with Women's Health Professionals (Sec. 310A(b)(4))***

CDC collaborates with local and state governments, nongovernmental agencies and organizations, professional organizations, academia, health providers, individuals, and other groups to accomplish the agency's mission, as noted in the project descriptions. CDC OWH also serves as a primary point of contact for various organizations and businesses focused on women's health, including the Society for Women's Health Research, Zeta Phi Beta Sorority, Inc., Girl Scouts (Greater Atlanta), *Journal of Women's Health*, the Business of Women's Health, and the National Conference of State Legislatures.

### *CCWH Membership (Sec. 310A(b)(5))*

In reference to the requirements set forth in Section 310A(b)(5), CDC OWH has been a member of CCWH since its creation. During the reporting period, the Director of CDC OWH served as the representative. CDC OWH participates in monthly meetings; provides input on programmatic and policy issues; participates in small workgroups to address specific issues; provides reports, documents, and materials as requested; supports activities; provides guidance and recommendations from a CDC perspective; and co-sponsors events.

## **Food and Drug Administration (FDA)**

### ***Establishment of an Office***

In 1994, FDA's OWH was established in response to a Congressional mandate.

### ***Report on Current Level of Activities***

#### **Monitoring the Participation of Women in Clinical Trials**

FDA OWH analyzes FDA clinical reviews of efficacy and safety data to monitor the participation of women in clinical trials. Over the past year, FDA OWH staff completed the studies listed below.

- FDA OWH staff evaluated participation of women in the different phases of clinical trials for New Drug Applications (NDAs) and New Biologic Licensing Applications (BLAs) submitted to FDA from 2007 to 2009. Staff evaluated the percent female participation rate compared to disease prevalence in women for the approved indications. FDA reviews of these trials were surveyed for sex analyses of the safety and efficacy data. The evaluations of the 2010–2012 cohorts are ongoing.
- FDA OWH staff evaluated the participation of racial minorities in late-phase clinical trials in NDAs and BLAs submitted to FDA from 2007 to 2009. The evaluations of NDA 2010–2012 cohorts are ongoing.
- FDA OWH staff assessed the demographics of study participants in clinical trials for cardiovascular drugs approved from 2010 to 2011. These research findings will be presented at the Cardiovascular Research Technologies meeting in Washington, DC, in February 2013.
- A manuscript titled “Participation of Women and Sex Analyses in Late Phase Clinical Trials of New Molecular Entity (NME) Drugs and Biologics Approved by the FDA in 2007–2009” has been submitted to the *Journal of Women's Health*. The manuscript is currently under review.

Findings from these studies will inform FDA about the participation of women in clinical trials as well as provide an assessment of how well the sponsors are complying with the requirements to report sex-based analyses. These determinations will subsequently address women's treatment needs and optimize the risk-benefit ratio.

FDA OWH is leading, in collaboration with OMH, the Agency-wide response to Title IX, the Food and Drug Administration Safety and Innovation Act (FDASIA) Section 907. It requires FDA to issue a report on the extent to which individuals in demographic subgroups, including sex, age, race, and ethnicity, participate in clinical trials. The report will also address the extent to which safety and effectiveness data by demographic subgroups is included in premarket approval applications submitted to FDA. The report will be provided to Congress and posted on FDA's website in July 2013.

#### **Sex Differences Research**

In addition, FDA OWH supports research studies with FDA's Centers to understand sex differences in the safety and efficacy of FDA-regulated products. FDA OWH annually funds approximately 15

new intramural studies, which has resulted in more than 250 studies being funded since the office was created. In March 2011, FDA OWH funded 23 new and eight continuing research studies conducted by FDA scientists. In April 2012, FDA OWH funded 21 new and 17 continuing research studies conducted by FDA scientists. Findings from funded studies will expand the knowledge base on sex differences in disease prevalence and response to treatment. This knowledge will subsequently inform labeling and catalyze further research to understand sex differences and women's health issues.

### *Women's Health-Related Goals and Objectives*

In line with the mission to advocate for the participation of women in clinical trials and for sex, gender, and subpopulation data analyses, FDA OWH has established the following short- and long-term strategic goals:

- To promote women's health research that facilitates FDA regulatory decision making,
- To translate and disseminate FDA women's health information to internal and external stakeholders, and
- To provide expert consultation and ongoing technical assistance to the FDA centers/offices in consumer communications.

In addition, FDA OWH and OMH have established long-range goals that include issuing an action plan containing recommendations, as appropriate, to 1) improve the completeness and quality analysis of data on demographic subgroups in summaries of product safety and effectiveness data and in labeling and 2) improve the public availability of such data to patients, health providers, and researchers.

### *Information on Sex Differences*

FDA OWH uses three primary channels to promote awareness and dissemination of FDA information to women and health professionals.

**Electronic Outreach to Consumers and Health Professionals:** FDA OWH expanded its listserv to more than 50,000 women's health professionals, organization representatives, and consumers. FDA OWH uses the listserv to rapidly disseminate FDA drug safety information, product recalls/approvals, and other research and programmatic information.

**Web and Social Media Outreach:** FDA OWH maintains the "*FDA for Women*" web portal and the *Women's Health Research* website, which connects consumers and health professionals to women's health information from across FDA. FDA OWH also uses the @FDAWomen Twitter account to send approximately 65 alerts and announcements each month to the consumers, health professionals, and organizations following the account. FDA OWH also conducted two Twitter chats in 2012—*The Latina Health Chat* and *Mammography Twitter Chat*—to commemorate women's health week and breast cancer awareness months and to raise awareness about FDA OWH materials in Spanish.

**Video Outreach:** FDA OWH continues to promote existing Public Service Announcements (PSAs) and video, including the *Use Medicines Wisely* PSA launched in October 2011 to provide tips to help women use medicines wisely. The PSA has aired 1,142 times, reaching approximately 13,643,369 viewers during the initial three-month national television campaign period.

From March to July 2012, FDA OWH also conducted YouTube, mobile and online banner campaigns to connect consumers to the *¡Nunca Más! Series*, which aims to educate Hispanic women about the importance of safe medication use. FDA OWH continues to disseminate the *¡Nunca Más!* Toolkits to health professionals, promoters, and other organizations conducting health education and outreach in Hispanic communities.

### **Partnerships with National Associations and Other Federal Agencies**

FDA OWH continued to disseminate millions of consumer publications through collaborative partnerships and special media promotions with public and private partners, including the Federal Citizen Information Center; *USA.gov*; HRSA Patient Safety and Clinical Pharmacy Services Collaborative (PSCPC); SAMHSA; *Dear Abby*; and health professional associations.

### *Clinical Education and Stakeholder Outreach*

**Publications and Presentations:** Through presentations, peer-reviewed publications, and book chapters, FDA OWH staff and FDA OWH-funded researchers worked to advance the science of sex differences and to foster a greater understanding of FDA's policies and initiatives impacting women's health. FDA OWH staff conducted 49 presentations at conferences, meetings, and workshops and published nine peer-reviewed publications from March 2011 to February 2013.

From March 2011 to February 2013, FDA OWH-funded researchers made presentations at approximately 10 scientific conferences and published 22 manuscripts in peer-reviewed journals. Two examples follow.

- A book chapter titled "Women in Clinical Drug Trials US-FDA Regulatory Perspective" in the *Handbook of Gender Medicine*, 2011.
- An article titled "Bleeding and Vascular Complications at the Femoral Access Site Following Percutaneous Coronary Intervention (PCI): An Evaluation of Hemostasis Strategies," *J Invasive Cardiology* 2012;24(7).

**Meetings:** FDA OWH conducted several public and internal workshops to facilitate dialogue on sex and gender differences and the participation of women in clinical trials, including *Dialogues in Diversifying Clinical Trials Conference with Society for Women's Health Research* in September 2011. In follow-up, a *White Paper on Strategies for Engaging Women and Minorities in Clinical Trials* was released to the public in January 2013.

### *Consultation with Women's Health Professionals*

FDA OWH does not have regulatory authority and does not consult with outside organizations or regulated industry as part of the regulatory process. However, FDA OWH facilitates dialogue

between FDA and external stakeholders, including the FDASIA HHS Stakeholder Meeting. FDA OWH participated in an HHS meeting with women's health stakeholder groups (e.g., American Heart Association, Society for Women's Health Research, WomenHeart, and the Jacobs Institute of Women's Health) to discuss the importance of the FDASIA Section 907 reporting mandate to the agency. Stakeholders believed the report will raise awareness for women and minorities about the clinical evaluation of medical products.

The subsequent *Action Plan* may impact the conduct (e.g., inclusion of women and minorities); analysis (e.g., subgroup analyses); and reporting of results (e.g., subgroup analyses reported in label) for clinical trials.

In addition, FDA OWH holds meetings and dialogue sessions with key stakeholders to discuss ways in which FDA can better promote the health of women and their families as well as leverage the FDA's expertise and resources by working with outside organizations.

### *Annual Estimates of Funds Needed*

Monitoring clinical trials and conducting analysis of data by sex is an ongoing FDA-wide initiative to enhance clinical data standardization. This intensive process requires the review of individual clinical studies within a regulatory submission for the participation of women and analysis of data by sex. FDA OWH previously funded a Center for Drug Evaluation and Research (CDER) project involving the conversion of legacy data (in three domains) submitted for two NDAs. Data analysis has now been completed for this project by FDA scientists. Similar but bigger legacy data-conversion projects are ongoing in CDER for HIV and diabetes drugs. Ultimately, this work will demonstrate how data standardization will help speed up the process of monitoring participation of women in clinical trials as well as the analysis of the clinical trial data by sex.

### *CCWH Membership*

FDA OWH is an active participant in the Coordinating Committee on Women's Health (CCWH). It is a recognized resource for initiating activities to address important health issues in women. CCWH also promotes collaborations and partnerships to facilitate developing and implementing projects and programs that focus on women. CCWH meets monthly.

## Health Resources and Services Administration (HRSA)

### *Establishment of an Office*

HRSA fulfilled the requirement set forth in Section 713(a) of the Social Security Act, as amended by Section 3509 of the Affordable Care Act, which required HRSA to establish an Office on Women's Health (OWH) within the Office of the Administrator. HRSA previously established an OWH in 2000 under the Maternal and Child Health Bureau. In October 2011, an amended Statement of Organization, Functions and Delegations of Authority was published in the *Federal Register* (Volume 76, No. 202, pp. 64953–64954) that transferred the function of OWH from the Maternal and Child Health Bureau to the Immediate Office of the Administrator (OA) as required by the amendments made in the Affordable Care Act. HRSA will continue to support OWH under the OA in accordance with this section of the Affordable Care Act.

### *Report on Current Level of Activities*

HRSA OWH's mission is to improve the health, wellness, and safety of women and girls across the lifespan through policy, programming, outreach, and education. HRSA OWH provides ongoing expertise, updates, and reports on various collaborative women's health-related activities to the OA, as required under Section 713(b)(1) of the Social Security Act.

During this reporting period, HRSA OWH updated its *Five-year Strategic Plan* (2012–2017) with input from HRSA's six Bureaus and nine Offices. Core values of the *Strategic Plan* include leadership, diversity, inclusion, health equity, integrity, commitment, and accountability. Goals and objectives align closely with HRSA's mission to improve access to primary care, expand the health workforce, and improve health equity.

Examples of expertise and updates to the Administration have included the following:

- Support for developing and adopting the HRSA-supported *Women's Preventive Services Guidelines*;
- Ongoing development and evaluation of mobile health technology and social media tools for underserved populations;
- Integration of women's health content in inter-professional education and curricula;
- Health promotion, disease prevention, and screening and counseling activities (for example, support for the updated *Bright Futures for Women's Health and Wellness, Physical Activity and Healthy Eating Tools for Adult and Young Women*, and promotion/outreach of the *text4baby* service to HRSA grantees);
- Development and evaluation of sex- and gender-focused models for engaging individuals living with or at risk for HIV/AIDS; and



- Global women's health strategic planning in support of the *Millennium Development Goals* and the *Global Health Initiative*.

In addition, HRSA OWH, in collaboration with other HRSA Bureaus and Offices and HHS CCWH, developed and published the *Women's Health 2012 Data Book*. It serves as a concise reference for the HRSA Administrator, senior policymakers, and program managers to identify priority focus areas on issues affecting the health of women, including women veterans and incarcerated women. Data are analyzed by sex, gender, race/ethnicity, age, geographic location, education, and other sociodemographic variables. In 2013, HRSA OWH will continue to provide expertise and updates on women's health policy and programming to the HRSA Administrator and senior leadership.

### *Women's Health-Related Goals and Objectives*

HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA OWH serves in a cross-cutting role in support of this mission through coordination, collaboration, information sharing, and program support activities to improve women's health across the lifespan. During this reporting period, examples of trans-HRSA activities related to women's health are noted below.

- HRSA's health center system patient base has grown from 17 million to 20 million since the passage of the Affordable Care Act, with 60 percent of those patients female. In 2011, health centers served more than 9 million women aged 15 and older, which is more than three out of every five (62.1 percent) health center patients in that age group. HRSA OWH highlights these demographics across the agency and HHS, and it uses the information to guide collaborative activities that improve access to care for women and girls.
- In FY 2012, HRSA provided supplemental funds to 810 health centers to improve cervical cancer screening rates and to become patient-centered medical homes. In addition, HRSA OWH, in collaboration with HRSA's Office of Policy, Analysis and Evaluation, partnered with the National Academy for State Health Policy to examine "high performing" health centers that have met or exceeded the *Healthy People 2020* goal for cervical cancer screening. It will determine promising practices and develop recommendations to assist other health centers.
- HRSA joined with partners in 13 southern states that have some of the country's highest infant mortality rates to build a Collaborative Improvement and Innovation Network (COIN). Its purpose is to engineer collaborative learning and accelerate improvement and innovation across states to reduce infant mortality. Common strategies in this collaborative work include reducing pre-term deliveries, providing preconception and inter-conception care for women, and promoting safe sleep and smoking cessation. HRSA OWH has provided expertise on maternal-focused strategies, including preconception and inter-conception care as well as smoking cessation.
- HRSA, in collaboration with CDC and other federal and non-federal partners, is leading the *National Maternal Health Initiative*, a comprehensive national initiative to strengthen state and local systems' capacity and infrastructure to promote, protect, and improve maternal health. Common strategies of this initiative include strengthening state maternal morbidity and mortality surveillance and research, improving the quality and safety of maternity care, and supporting

community-based strategies that link women with chronic conditions to prenatal and postpartum primary care. HRSA OWH is providing expertise on the women's health component of this initiative.

- HRSA, in collaboration with the Administration on Children and Families (ACF), continued implementing the *Maternal, Infant, and Early Childhood Home Visiting* (MIECHV) program. In FY 2011, formula grants totaling \$124 million were awarded to 55 eligible agencies, including 49 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa. An additional \$100 million in competitive funding was awarded to states that sufficiently demonstrated the interest and capacity to expand and/or enhance the development of their home visiting efforts. The purpose was to improve health and development outcomes for at-risk children through evidence-based home visiting programs that promoted maternal health, healthy child development, and school readiness as well as reductions in domestic violence and child maltreatment. HRSA OWH has provided expertise for one of the benchmarks relevant to domestic violence for the state projects.

In FY 2012, HRSA funded additional components of the MIECHV program, including:

- Home Visiting Funding to States Competition/Expansion;
  - Home Visiting Research Network;
  - Home Visiting Funding to States Formula (continuations);
  - Home Visiting Funding to States Competition/Development; and
  - Home Visiting Funding to Non Profits Competition.
- HRSA OWH, in collaboration with HRSA's Maternal and Child Health Bureau (MCHB), developed the *State Women's Health Profiles*. These profiles highlighted each U.S. state and jurisdiction's women's health-related priority needs, state performance and outcome measures, and additional women's health-related data supplied by states in the 2010 Title V five-year needs assessments.
  - HRSA partnered with the *National Healthy Mothers, Healthy Babies Coalition* and other federal and non-federal partners to conduct outreach and promotion activities for *text4baby*. It is a free mobile education service that provides pregnant women and mothers with an infant less than one year of age with free, evidence-based, brief health messages. HRSA OWH developed HRSA's outreach and promotion plan for this program and tracks agency-wide activities to it. HRSA is also leading a national evaluation of *text4baby*, which is scheduled to be completed by December 2013. HRSA OWH co-leads, with CDC staff, a Technical Advisory Committee providing expertise to the evaluation team.
  - HRSA OWH, in collaboration with HRSA's MCHB and HRSA's Office of Health Information and Quality, partnered with the American Academy of Pediatrics to develop a library of text messages called *TXT4Tots*. These messages promote healthy eating and physical activity for parents and caregivers of children aged one to five years, using the evidence-based guidelines in *Bright Futures for the Health and Supervision of Infants, Children and Adolescents*. In 2013, HRSA will explore avenues for providing the *TXT4Tots* library of text messages free to the public.
  - HRSA funded HIV/AIDS service organizations to provide care and other support services to more than 53,000 women aged 13 or older through the Ryan White HIV/AIDS Program Part D.

- HRSA funded Area Health Education Centers, which provide continuing education programs on women's health-related topics such as domestic violence, maternal and child health, breastfeeding, breast and cervical cancer, and prenatal health.
- Of the HRSA-sponsored 10,000 National Health Service Corps (NHSC) clinicians currently in the field, three out of four are women. Female providers are eligible to take up to 35 days of maternity leave per service year, which includes maternity leave, without incurring any extension of their service. NHSC also supported all providers by offering them various resources and webinars related to women's health.
- HRSA OWH partnered with NHSC for *National Women's Health Week* activities and contributed to discussions around Health Professional Shortage Area designations and the definition of comprehensive women's health.
- HRSA provided support to health professions' training and academic programs. Specific to women's health, HRSA developed a report that provided recommendations related to integrating women's health across five specific health professions' curricula and programs: medicine, oral health/dentistry, baccalaureate nursing, pharmacy, and public health.
- HRSA, in collaboration with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Institute of Medicine (IOM), provided expertise in developing and launching the HRSA-supported *Women's Health Preventive Services Guidelines*, as required in the Affordable Care Act.
- HRSA expanded access to quality patient-centered care for women in high-risk and underserved communities through the support of community health workers such as *Promotoras de Salud*. *Promotoras* primarily work in Latino neighborhoods, providing health education and emotional support.
- HRSA's rural health research projects address rural-urban perinatal health outcomes, quality of obstetric care and perinatal safety in rural hospitals, sex and gender differences, and the impact of race and rural status in cervical cancer screening practices.
- HRSA engaged in activities addressing the importance of physical activity and healthy weight to prevent obesity and the onset of chronic illnesses, including the following:
  - A women's health and intergenerational health focus in Phase 2 teams of the *Healthy Weight Collaborative*; and
  - Updating select *Bright Futures for Women's Health and Wellness*, *Physical Activity and Healthy Eating* tools for consumers and providers in accordance with the 2010 U.S. Dietary Guidelines for Americans and the 2008 U.S. Physical Fitness Guidelines.
- HRSA OWH, in collaboration with HRSA MCHB, released the *Women's Health USA 2012 Data Book*, a concise reference for policymakers and program managers at the federal, state, and local levels that identifies and clarifies issues affecting the health of women. New topics include sexual

risk behaviors, adverse childhood experiences, sexual violence, sleep health, impaired fecundity and infertility, and Internet use.

- HRSA OWH coordinated and participated in 15 *National Women's Health Week* (NWHW) activities in 2012, engaging all HRSA Bureaus and Offices in promoting women's health across the lifespan. NWHW is a weeklong health observance coordinated by HHS OWH. It brings together communities, businesses, government, health organizations, and other groups in an effort to promote women's health and empower women to make their health a top priority.
- HRSA OWH led the development of a HRSA-wide workplace violence prevention policy and implemented mandatory annual workplace violence training for all agency employees.
- HRSA contributed its expertise to the *Global Health Initiative's Women, Girls, and Gender Equality Principle Task Force* in developing a women- and girl-centered approach for a guidance document for partner countries. HRSA also provided support in reviewing country plans particular to this guidance.

In 2013, HRSA OWH will continue to coordinate and engage in strategic planning and activities with HRSA Bureaus and Offices as well as other federal partners in activities that relate to health care provider training, health service delivery, research, and demonstration projects on issues of particular concern to underserved women.

### *Women's Health Projects*

HRSA OWH has identified several projects in women's health that have been conducted and supported by HRSA Bureaus and Offices in order to fulfill the requirements set forth in Section 713(b)(3) of the Social Security Act.

- Adaptation of mobile health technology to improve obesity prevention and smoking cessation among women and girls and to improve HIV/AIDS risk reduction among high-risk youth.
- Education of providers about the HRSA-supported *Women's Health Preventive Services Guidelines*, particularly domestic violence screening and counseling.
- Increased awareness of services for formerly incarcerated women through Community Health Centers (CHCs), Title V, and Healthy Start as well as rural health clinics and Ryan White HIV/AIDS Program Part D. HRSA OWH and HIV/AIDS Bureau contributed to the development of a cross-departmental *Action Plan: Improving Outcomes for Reentering Justice-Involved Women*. It was co-led by HHS ASPE's National Institute of Corrections. The *Action Plan* was presented and accepted by the Federal Reentry Council Staff Working Group for implementation.
- Mentoring opportunities for young women considering careers in public health and interdisciplinary health professions training programs.
- Global health partnerships to improve gender equality and health equity.

- Interdisciplinary efforts to support medical homes for women and girls.
- Increased awareness of community health centers to provide trauma-informed primary care/behavioral health services for veterans.
- Partnerships to include women's health content in interprofessional curriculum planning for health professions schools, including schools of public health.
- Partnerships to address women's health issues among minority women.
- Support for the *National Maternal Health Initiative* in implementing a demonstration project using community-based strategies/interventions linking women with, or at risk for, chronic conditions to preconception or inter-conception primary care.

In 2013, HRSA OWH will continue to provide a leadership role in collaborating with HRSA's Bureaus and Offices to address ongoing efforts related to these projects.

### *Consultation with Women's Health Professionals*

In ongoing fulfillment of the requirements in Section 713(b)(4) of the Social Security Act, HRSA OWH consulted with various non-federal organizations and consumer groups to seek and provide input on the Administration's policy to provide culturally appropriate, comprehensive quality primary care to all women as well as to provide health professions programs and education training opportunities. Discussions with organizations at HRSA-sponsored grantee meetings, internal and external forums, and webinars provided additional opportunities to network and share common goals to improve women's health outcomes.

Consultation with expert groups to inform strategic planning, policy, and programming to reach underserved, hard-to-reach populations and to build public-private partnerships around workforce training and education, maternal and child health, oral health, violence prevention, rural health, tribal affairs, and veterans issues were particular highlights over the last year. Examples include the following:

- A focused discussion with the National Collaborative on Violence and Abuse to promote education on the *Women's Health Preventive Services Guidelines* on domestic and interpersonal violence (IPV) screening and counseling and
- A dialogue with the National Maternal and Child Oral Health Resource Center regarding a web portal of resources on the intersection of domestic violence and oral health.

In 2013, HRSA OWH will continue to broaden the network of federal and non-federal partners to support HRSA's integrated approach to women's health and wellness across the lifespan.

### *CCWH Membership*

During this reporting period, HRSA OWH actively served on the HHS Coordinating Committee on Women's Health (CCWH) as required in Section 713(b)(5) of the Social Security Act. As part of this ongoing effort, the Director of HRSA OWH

- Provided expertise in HHS OWH's strategic planning efforts to optimize operations and initiatives,
- led committee efforts to improve guidance on computing and reporting expenditures for women's health across agencies for the mandated *2015 Moyer Material*, *Women's Health Cross-Cut Report*, and
- served on the *National Women's Health Week 2012 Planning Committee*.

In collaboration with the HHS CCWH, HRSA contributed to the development of HHS's IPV screening and counseling fact sheet for providers as well as a more comprehensive provider toolkit on IPV screening, counseling, and referrals in accordance with the *Women's Health Preventive Services Guidelines*.

In 2013, HRSA OWH will continue to play an active role on the HHS CCWH.

## National Institutes of Health (NIH) Office of Research on Women's Health (ORWH)

### *Establishment of an Office*

NIH established an Office of Research on Women's Health (ORWH) within the Office of the Director (OD) of NIH. The NIH Reform Act of 2006 (P.L. 109-482) mandates that the ORWH reside within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), which is located within the OD of NIH. Thus, the Director of ORWH reports to the Director of DPCPSI. However, the Director of ORWH is not precluded from reporting to the Director of NIH (as required under in Section 310A(c)). Section 310A(c) was the only requirement directed to NIH under Section 3509.

NIH ORWH was established in September 1990 within NIH's OD. NIH ORWH was charged with ensuring that research conducted and supported by NIH appropriately addresses issues regarding women's health and that there is appropriate participation of women in NIH-supported clinical research, especially in clinical trials. NIH ORWH was later codified into law in the NIH Revitalization Act of 1993 (P.L. 103-43 Section 486) on June 10, 1993.

### *Report on Current Level of Activities*

NIH ORWH serves as the focal point for the following:

- Coordinating women's health and sex differences research at NIH;
- Advising the NIH Director on matters relating to women's health and sex differences research;
- Strengthening and enhancing research related to diseases, disorders, and conditions that affect women;
- Working to ensure that women are appropriately represented in research studies supported by NIH; and
- Promoting recruitment, retention, re-entry, and advancement of women in biomedical careers.

NIH ORWH collaborates with the NIH Institutes and Centers (ICs) to increase and enhance women's health and sex differences research. NIH ORWH co-funds basic, clinical, and translational studies through grants, contracts, and cooperative agreements. Some funding opportunities, such as the NIH ORWH signature programs, are developed, implemented, and coordinated by NIH ORWH, with additional funding provided by the ICs. Other funding opportunities are generated by the ICs or involve investigator-initiated applications identified by IC program staff as candidates for NIH ORWH co-funding.

In accordance with the *NIH Strategic Plan for Women's Health and Sex Differences Research*, NIH ORWH ensures that research conducted across NIH considers women's health across the lifespan

and in appropriate sociocultural contexts. For instance, NIH ORWH initiatives promote scientific excellence by reinforcing the requirement to include women, minorities, and children as appropriate in NIH clinical research, such that the results of clinical research benefit diverse populations. In addition, NIH ORWH leads the Coordinating Committee on Research on Women's Health (CCRWH), which represents all the NIH ICs and program offices and serves as the primary conduit for consideration of potential research, program development, and NIH ORWH funding through the ICs.

Through the CCRWH, NIH's ORWH

- Identifies research needs;
- Coordinates research activities;
- Supports the development of methodologies related to analysis of sex/gender, race/ethnicity, and age in NIH-supported clinical studies;
- Supports the development and expansion of clinical trials on diseases relevant to women; and
- Promotes women's health research within the IC-specific missions (Sect c. P.L. 103-43, June 10, 1993).

NIH ORWH conducts regular monthly meetings with the CCRWH and is in frequent communication with these IC representatives regarding grants, funding opportunities, and the development and implementation of new research initiatives. Such interactions allow NIH ORWH to strategically collaborate with ICs on women's health and sex differences research. With input from the CCRWH, NIH ORWH constructs a biennial report on NIH ORWH and *NIH Support for Research on Women's Health Issues* that is approved by the Advisory Committee on Research on Women's Health (ACRWH).

ACRWH is a Congressionally mandated advisory committee, required by the 1993 Revitalization Act. This committee comprises physicians, scientists, and other health professionals whose clinical practice, research specialization, or professional expertise includes a significant focus on women's health. ACRWH advises the ORWH Director on appropriate research activities to be undertaken by the NIH ICs and provides recommendations to the ORWH Director on relevant issues addressing women's health and sex gender differences research.

### *Women's Health-Related Goals and Objectives*

NIH ORWH is charged with advising the NIH Director on the future direction and planning of research on women's health. NIH ORWH determines the NIH strategic plan for women's health and sex differences research through an exhaustive strategic planning process. The most recent strategic planning process, which took place in 2009 and 2010, resulted in a three-volume strategic plan representing the NIH women's health and sex differences research agenda for the coming decade. Throughout this process, NIH ORWH engaged ACRWH (composed of physicians, scientists, and other health professionals who advise the Director of ORWH on relevant issues) and CCRWH



(comprised of NIH IC directors or their designees) to assist NIH ORWH in accomplishing its mission.

Following the tradition established by NIH ORWH from its inception, the strategic planning process was open to members of the public, including women's health advocacy groups, public health officials, scientists, researchers, policymakers, clinicians, and other individuals. Five regional meetings were held in which 1,500 participants provided thoughtful comments and feedback through public testimony, scientific workshops, and 37 interactive working groups. Four hundred topical recommendations were distilled into six major concepts to advance women's health and sex differences research.

The resulting strategic plan, *Moving into the Future With New Dimensions and Strategies: A Vision for 2020 for Women's Health Research*, has been widely distributed, presented at multiple venues, and has been acknowledged in a Senate resolution. The full strategic plan, including the complete text of the 37 working group reports and the entirety of the written public testimony, is posted on the NIH ORWH website (<http://orwh.od.nih.gov/>).

Promoting women's health and sex differences research, increasing the number of women's health researchers and practitioners, supporting women's careers in biomedical science, and reinforcing the requirement to include women and minorities as appropriate in clinical research have been at the core of the NIH ORWH mission for more than 20 years. Although the following efforts were not initiated in specific response to the Affordable Care Act, they support the intent of Section 3509. Specifically, they are consistent with the stated goal of HHS OWH to "establish short-range and long-range goals and objectives within the U.S. Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan" (Sec. 229 [42 U.S.C. 237a]).

In FY 2012, NIH ORWH supported more than 178 research-related projects, including grants and contracts, with 21 IC partners across NIH for a wide range of extramural and intramural projects related to women's health and sex differences research. Examples follow.

- **The Microbicide Innovation Program.** A multi-year partnership between NIH ORWH, the National Institute for Allergy and Infectious Disease (NIAID), the Office of AIDS Research, and the National Institute of Mental Health (NIMH). This program supports preclinical and basic research to advance the development of new microbicide approaches for preventing HIV or sexually transmitted infections.
- **Controlled Trial of Gabapentin in Vulvodynia: Biological Correlates of Response.** This randomized clinical trial addresses the efficacy of the drug Gabapentin in vulvodynia treatment. The trial also seeks to identify clinical features associated with successful treatment response. (NIH ORWH collaborates with HRSA to provide health information to clinicians about vulvodynia, a complex pain disorder that affects women of all ages.)

- **Tobacco Control Network among Women in Parana, Brazil.** This study, co-funded by the Fogarty International Center, the National Institute on Drug Abuse (NIDA), and the National Cancer Institute (NCI), aims to elucidate gender-specific tobacco issues and develop gender-specific interventions to decrease smoking in regions of high tobacco production.
- **Chronic Overlapping Pain Conditions.** NIH ORWH co-sponsored this workshop in August 2012 with the National Institute of Neurological Disorders and Stroke, the National Institute of Dental and Craniofacial Research, and the NIH Pain Consortium in order to address sex differences in pain disorders and understand the underlying common etiology of pain. An upcoming meeting report will outline a coordinated research strategy and a comprehensive approach for diagnosing and addressing chronic overlapping pain conditions.
- **Research on Causal Factors and Interventions that Promote and Support the Careers of Women in Biomedical and Behavioral Science and Engineering.** Through the *NIH Working Group on Women in Biomedical Careers*, NIH ORWH and the National Institute of General Medical Sciences (NIGMS) developed a grant program to support research on
  - Causal factors explaining the current patterns observed in the careers of women in biomedical and behavioral science and engineering and
  - The efficacy of programs designed to eliminate sex/gender disparities and promote the careers of women in these fields.

In November 2012, NIH ORWH and NIGMS co-sponsored a workshop that convened the principal investigators from these grants on the NIH campus to share their research progress, establish collaborations, and help inform the next steps in supporting women in biomedical research careers.

ORWH continues to expand its two largest signature programs: *Building Interdisciplinary Research Careers in Women's Health* (BIRCWH) and the *Specialized Centers of Research (SCOR) on Sex and Gender Factors Affecting Women's Health*. These unique programs address human health concerns through sex differences research and interdisciplinary scientific collaborations. The programs also provide important support for early career scientists, with an emphasis on mentoring and collaboration, to increase the number of investigators pursuing women's health and sex differences research.

BIRCWH is a trans-NIH-mentored career development program that provides protected research time for junior faculty (known as BIRCWH scholars) who work closely with senior investigators in an interdisciplinary mentored environment. A key goal of BIRCWH is to support the next generation of researchers studying complex health conditions that affect women's health. BIRCWH scholar research areas cover various topics, including diabetes, cancer, depression, cardiovascular health, HIV/AIDS research, arthritis/musculoskeletal health, mental health, substance abuse, intimate partner violence, reproductive health, and health disparities.

Since the program's inception in 2000, NIH ORWH and other NIH co-sponsors have awarded 63 grants to 39 institutions supporting 493 junior faculty members, 80 percent of whom were women. There are currently 29 active BIRCWH programs nationwide.

In 2012, 14 new and competitive renewal awards were granted in collaboration with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD); the National Institute on Aging (NIA); the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); NCI; NIDA; and NIMH. NIH ORWH and NIDA provide programmatic oversight for these BIRCWH programs, while NICHD provides the grants management oversight for most of the programs. A writing group composed of BIRCWH principal investigators, with guidance from NIH ORWH, has recently published two papers on best practices identified by the BIRCWH program. One publication focuses on developing interdisciplinary careers in women's health, while the second publication, newly published in the Fall 2012, highlights best practices in interdisciplinary mentoring.

The NIH ORWH SCOR program funds research centers that integrate basic, clinical, and translational research to facilitate innovative, interdisciplinary studies on sex differences and major medical problems affecting women's health. The currently funded SCORs include research on substance abuse, the urinary tract, musculoskeletal diseases, birth injuries, stress, and pain. The majority of SCOR funding is provided by NIH ORWH, with additional support from NIA, NIAMS, NICHD, NIDA, NIMH, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and FDA. The SCOR investigators reported publishing 144 journal articles in 2012.

*Advancing Novel Science in Women's Health Research (ANSWHR)* is a third NIH ORWH signature program. It promotes innovative and interdisciplinary research approaches to women's health and sex difference research by funding exploratory, early-stage research projects. This program has become an important scientific pathway for new investigators and veteran researchers to test nascent scientific concepts relevant to women's health research and the study of sex and gender differences. In FY 2012, 13 ANSWHR awards were granted in partnership with eight ICs. In total, more than 70 grants have been supported since the program was launched in 2007.

Another NIH ORWH mechanism for supporting research is the *Research Enhancement Awards Program (REAP)*, which supports projects that would otherwise not be funded due to IC budget constraints. In FY 2012, ORWH used this mechanism to fund 12 grants on various women's health topics in partnership with seven ICs.

In FY 2013, NIH ORWH is collaborating with other NIH ICs to build upon its investment in sex differences research by issuing a program announcement for administrative supplements to currently funded NIH research. Using the NIH strategic plan for women's health as a scientific framework, this initiative seeks to

- Increase sex differences research in basic science studies;
- Incorporate findings of sex/gender differences in the design and application of new technologies, medical devices, and therapeutics; and
- Create strategic alliances and partnerships that maximize the domestic and global impact of this research to actualize personalized prevention, diagnostics, and treatment for girls and women of diverse populations.

The expected results of this initiative will be the cost-effective and value-added expansion of meritorious research projects that advance the understanding of women's health and promote the

study of sex and gender differences to improve health outcomes for women and men across the lifespan.

### *Women's Health Research Projects*

A component of NIH ORWH's mission is to establish NIH goals and policies related to women's health research. In addition to developing the NIH-wide strategic plan for women's health and sex differences research, NIH ORWH establishes yearly research priorities that guide women's health and sex differences research initiatives throughout NIH. These priorities are established in collaboration with CCRWH and ACRWH. The strategic plan and research priorities are used throughout NIH to identify projects in women's health that are ideal candidates for NIH funding.

The NIH Director and the NIH ORWH Director co-chair the *NIH Working Group on Women in Biomedical Careers*. This trans-NIH initiative was established in 2007 to develop novel strategies and tangible actions to promote the sustained advancement of women in biomedical research careers, within the NIH intramural community and throughout the extramural research community. The Working Group was initially formed in response to the National Academies report, *Beyond Bias and Barriers: Fulfilling the Potential of Women in Academic Science and Engineering*. The report concluded that conscious and unconscious biases were undermining the role of women in the biomedical research enterprise. Through the Working Group, NIH ORWH collaborates with NIH leadership, scientists, and staff to implement programs and policies to support female scientists at all stages of their careers.

Some examples of recent accomplishments of the Working Group follow.

- A new pilot back-up care program that provides short-term care for the children, elders, and adult dependents of NIH employees
- A new accommodation and reentry program for NIH intramural fellows with personal or family issues that necessitate alternative career development schedules
- Modification of the biological sketch section of NIH grant applications to allow applicants to provide explanations for any period of decreased productivity
- Amendment of the application for NIH conference grants to require applicants to describe plans to identify family care resources at the conference
- The 2011 launch of and 2012 update to the *Women of Color Research Network*, a new social media site for women of color and all supporters of diversity in the research workforce (<http://www.wocrn.nih.gov>).

NIH ORWH staff members participate actively in numerous trans-NIH and trans-federal committees germane to women's health and sex differences research, especially those involved in developing new research initiatives. Staff members represent the NIH on the *Chronic Fatigue Syndrome Advisory Committee*, which provides recommendations to the HHS Secretary on topics related to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), a disease diagnosed approximately four times as often in women than in men. The Committee includes biomedical researchers,

professional health care experts, advocacy organizations, and other non-voting ex officio members from AHRQ, CDC, CMS, FDA, HRSA, and the Social Security Administration (SSA).

NIH ORWH chairs the *Trans-NIH Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Research Working Group*. It facilitates and fosters collaborative research on ME/CFS across the various NIH ICs.

NIH ORWH plays a central role in preparing, reviewing, and clearing official reports related to women's health research within NIH and on behalf of NIH in response to Departmental, Congressional, or other requests. For example, NIH ORWH contributed to a recent report on the prevention and response to global gender-based violence, an initiative led by the U.S. State Department and the U.S. Agency for International Development (USAID). The report calls for increased coordination among governmental agencies, international organizations, the private sector, community- and faith-based organizations, and labor unions.

In addition, NIH ORWH staff members serve on the *White House Working Group on Gender-based Violence*, which aims to improve the collecting, analyzing, and using of data and research to enhance prevention and response efforts for gender-based violence. NIH ORWH also serves on the *HHS Violence Against Women (VAW) Steering Committee* and leverages relationships with key members of CCRWH to coordinate NIH research relevant to VAW.

Over the past four years, NIH ORWH has collaborated with the U.S. Department of Defense/Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and the U.S. Department of Veterans Affairs to present a recurring two-day *Trauma Spectrum Conference*. The goal is to bridge the gap between research and clinical practice in mental health and traumatic brain injury. NIH ORWH's involvement in this project reflects the importance of studying women's health and sex differences issues as they relate to the women who serve their country as members of the military. The next *Trauma Spectrum Conference* is currently being planned for December 2013.

### *Consultation with Women's Health Professionals*

NIH ORWH contributes to educating the scientific community and the public through the *Women's Health Research Seminar Series*. Through this series, scientific experts present research on a range of topics from basic, clinical, and translational perspectives. The most recent *Women's Health Seminar* occurred during *National Women's Health Week* activities at the NIH campus in May 2012. "Innovations in Reproductive Technologies" featured NIH scientists and national experts in reproductive biology.

NIH ORWH also supports the *Women's Health Scientific Interest Group (WHSIG) Seminar Series*, which is presented several times a year on topics of broad interest to women's health. In addition, NIH ORWH supports the *Anita B. Roberts Lecture Series*, a semi-annual event organized by the *NIH Women Scientist Advisors Committee*. This event highlights outstanding research achievements by female scientists at NIH.

NIH ORWH recently supported a *Workshop on Chronic Overlapping Pain Conditions*, the *Biology and Genetics of Leiomyoma*, the *Women's Health Congress 2013*, the *Ninth Annual NIH*

*Interdisciplinary Women's Health Research Symposium, and Enhancing Diversity: Working Together to Develop Common Data, Measures and Standards.*

NIH ORWH actively disseminates information to the scientific community and members of the public through developing, producing, and distributing print and electronic materials. In 2012, NIH ORWH developed a fact sheet on vulvodynia research and two fact sheets on mentoring women in science. NIH ORWH also maintains an active website, recently redesigned, that highlights NIH ORWH programs and co-funded research on women's health and sex/gender differences at NIH.

NIH ORWH is also employing new media in disseminating health information to a wider audience. The *National Library of Medicine (NLM)-ORWH Women's Health* web portal provides researchers and consumers with the latest information in a centralized location about significant topics in women's health from scientific journals, peer-reviewed sources, NIH ICs, and health news sources (<http://www.womenshealthresources.nlm.nih.gov>).

NIH ORWH developed and released *A Primer for Women's Health: Learn About Your Body in 52 Weeks*, which aims to promote healthy lifestyles by offering practical guidelines and strategies women can use every day to reduce the risk of developing illnesses or conditions that can affect their quality of life. The *Primer* supports the *Healthy People 2010* goals to increase life expectancy and improve the quality of life as well as HHS's *Steps to a Healthier US* initiative to help Americans live longer, better, and healthier lives. In 2012, NIH ORWH released an app version of the primer, downloadable from the NIH ORWH website and designed to work on mobile electronic devices (<http://52weeks4women.nih.gov/week-1/>).

NIH ORWH creates and manages various other online resources on women's health and sex/gender differences. For example, NIH ORWH has launched two online courses designed to educate researchers, clinicians, and students in the health professions on how to integrate knowledge of sex/gender differences and similarities into their research and practice. Both courses are accredited and provide continuing education credits (CEUs and CMEs) to visitors who complete the course. A third course is nearly complete and will be available in spring 2013. These courses are a collaborative effort between NIH ORWH and FDA OWH (<http://orwh.od.nih.gov/resources/cme.asp>).

NIH ORWH staff members engage diverse communities in various venues by participating in outreach activities and providing information and materials on women's health and sex/gender differences research. NIH ORWH participates in health-focused events sponsored by community and faith-based organizations, women's advocacy groups, academic institutions, and professional associations. By doing so, NIH ORWH connects with and informs members of the scientific and lay population of the importance of women's health research.

NIH ORWH collaborated with the National Medical Association, HHS OWH, and the See Forever Foundation to produce *Girls Rock*, an outreach event for at-risk middle-school girls living in Washington, DC.

NIH ORWH leads NIH efforts to recognize and celebrate *National Women's Health Week* (NWHW). NIH ORWH staff members serve on the HHS planning committee for NWHW and coordinate activities across NIH. Events throughout the week include a scientific symposium on a relevant women's health topic and various workshops on safety, prevention, and wellness. An exhibit in the NIH Clinical Center houses consumer-oriented women's health materials that are provided by NIH ICs and that are distributed to patients, scientists, visitors, and NIH staff.

### *CCWH Membership*

NIH ORWH serves as the NIH liaison to HHS OWH on women's health research across HHS through membership on the HHS Coordinating Committee on Women's Health (CCWH).

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

### ***Associate Administrator for Women's Services***

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 1992 within HHS. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Through centers and offices, SAMHSA seeks to improve the delivery and financing of prevention, treatment, and recovery support services for substance abuse and mental illness in the United States, improving health and reducing health care and other costs to society.

SAMHSA fulfilled its statutory requirement under Section 3509, Section 3509(d) (and Section 501(f) of the Public Health Service Act [42 U.S.C. 290aa (f)]), by appointing an Associate Administrator for Women's Services (AAWS). In further compliance with the requirement of Section 3509(d), the AAWS reports directly to the SAMHSA Administrator.

The AAWS established the *SAMHSA Women's Coordinating Committee* (SWCC) and chairs the committee. Its purpose is to identify substance use and mental health needs and to coordinate the provision of behavioral health services for women through SAMHSA's Center for Mental Health Services, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Behavioral Health Statistics and Quality.

SWCC is legislatively mandated to

- Identify the need for women's services and make an estimate of funds needed for each FY,
- Identify needs regarding coordinating services for women,
- Encourage support from all agencies in the Administration for women's services, and
- Ensure the unique needs of minority women are recognized and addressed within SAMHSA.

### ***Report on Current Level of Activities***

SAMHSA provides a comprehensive annual report to HHS, detailing the substance use and mental health services specifically provided to women and girls across the lifespan.

### ***Women's Health-Related Goals and Objectives***

SAMHSA has identified eight strategic initiatives that meet the agency's mission of reducing the impact of substance abuse and mental illness on America's communities, including those specifically related to women and girls.

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Military Families
4. Healthcare Reform Implementation
5. Recovery Support
6. Health Information Technology



7. Data, Outcomes and Quality
8. Public Awareness and Support

Given that these initiatives are customer-centric, SAMHSA's approach to the strategic initiatives includes the use of a gender-specific lens. SAMHSA continues to identify services and to seek collaborative opportunities with other HHS agencies on initiatives that promote the health and well-being of women and girls by

- Linking data collected by different surveys to develop an integrated epidemiologic picture of the health needs of women;
- Collaborating with NIH and others in translating behavioral health research into practice, including the development of curricula for health care professionals and providers; and
- Enhancing cross-agency collaboration and prioritizing the issue of violence against women and girls with federal and national participants as an active member of the *Federal Roundtable on Women and Girls and Trauma* and as a member of the *HHS Working Group on the Intersection of HIV/AIDS, Violence Against Women and Gender-related Health Disparities*.

SAMHSA's Advisory Committee for Women's Services (ACWS) is statutorily mandated. Its functions follow:

- To advise the SAMHSA Administrator and AAWS on appropriate activities to be undertaken by SAMHSA and its Centers regarding women's substance abuse and mental health services;
- To develop plans to standardize and enhance the collection of data on women's health;
- To promote the allocation of sufficient resources for women's services within each SAMHSA Center;
- To oversee the conduct of appropriate evaluation of women's services; and
- To monitor SAMHSA's recruitment and hiring of women in senior positions.

ACWS members include physicians, practitioners, treatment providers, other health professionals, and consumers. Members have the clinical practice, specialization, or professional expertise that includes a significant focus on women's substance use and mental health conditions. In the past year, ACWS advised on the need for explicit emphasis on trauma-informed and gender-specific care, cultural competency, and recovery orientation across the lifespan.

### *Women's Health Projects*

The following list includes projects and activities that SAMHSA undertook to address the behavioral health needs of women during the past year.

- Piloted the *Trauma Peer Engagement Guide for Women* to assess its usability and seek comment on the needs for information and best practices for peers working with women who have experienced violence and trauma.
- Developed and promoted the publication *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals*.
- Hosted the 5<sup>th</sup> *National Conference on Behavioral Health for Women and Girls*.
- Awarded seven grants and conducted technical assistance sessions for grantees that provide residential treatment, recovery support, and family services for pregnant and postpartum women (and their children) who face alcohol and other drug problems.
- Provided technical assistance to support a broad range of publicly funded systems, consumer organizations, and peer-run organizations serving women and girls, including mental health, substance abuse, developmental disabilities, primary health care, and criminal and juvenile justice. Technical assistance in 2012 included in-depth trainings ranging from one to two days, onsite consultation, presentations at national conferences and webinars, and readiness-for-change organizational analyses.
- Pilot tested and promoted the online course *Introduction to Women with Substance Use Disorders*.
- Conducted webinars for the alumni of the *Women's Addiction Services Leadership Training*.
- Trained all Mental Health America (MHA) staff to help inform MHA's national campaign to promote trauma-informed care with an emphasis on women and girls.
- Served on the Planning Committee for the first IOM *Global Health Forum on the Prevention of Violence for Women and Children*.

### ***Collaboration with HHS Agencies and Offices***

SAMHSA continues to collaborate with HHS and DOJ agencies on initiatives that promote the health and well-being of women and girls. During the reporting period, SAMHSA

- Collaborated with the U.S. State Department's Bureau of International Narcotics and Law Enforcement to develop an international curriculum for substance abuse provider organizations serving women. The curriculum, *Guiding the Recovery of Women*, will be disseminated throughout the world with a focus on countries with high rates of drug trafficking.
- Collaborated with NIH and others in translating behavioral health research into practice as the research relates to women, including the development of curricula for health care professionals and providers.
- Participated as a member of the *Federal Roundtable on Women and Girls and Trauma*.

- Co-chaired the *Federal Partners Intergovernmental Committee on Women and Trauma*, which consists of more than 30 agencies, to develop a joint agenda for federal action that contributes to public health support for women and girls who have experienced trauma.
- Promoted recovery services through policy support of, and collaboration with, the State Women's Services Coordinators/Women's Services Network (WSN), a specialty network of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), under the auspices of the National Treatment Network and in collaboration with the National Prevention Network.
- Co-sponsored a monthly webinar series with HHS OWH's Region V on *The Impact of Trauma on Women and Girls Across the Lifespan*.
- Provided consultation to HHS OWH and HHS OWH's Region II in their development of a national training curriculum on trauma-informed care for community-based organizations serving women, families, and girls.
- Collaborated with NIH's NIDA and the World Health Organization (WHO) on developing guidelines for managing substance use disorders among pregnant women.
- Participated in the *Federal Research Efforts on Domestic and Intimate Partner Violence*, sponsored by the U.S. Department of Justice.

### *Information on Women's Health and Sex Differences*

SAMHSA uses publications and social media to disseminate information related to women and girls. Some examples of product and program innovations follow.

- SAMHSA's SAMHSA/CSAT Treatment Improvement Protocol for Women, *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*.
- SAMHSA's Fetal Alcohol Spectrum Disorders Center for Excellence *What You Need to Know* series that targets women across the socioeconomic spectrum, including women who are incarcerated and special populations.
- SAMHSA's website at <http://www.samhsa.gov/data/topic.aspx>. This site contains many reports on women and girls, including the following titles:
  - *NSDUH Spotlight: Half of Women on Probation/Parole Experience Mental Health Problems*
  - *NSDUH Spotlight: Substance Use during Pregnancy Varies by Race and Ethnicity*
  - *NSDUH Spotlight: Depression Triples between the Ages of 12 and 15 among Adolescent Girls*

- *The TEDS Report: A Comparison of Female Substance Abuse Treatment Admissions by Criminal Justice Referral*
- *Mental Health Problems among Pregnant and Post-partum Women*
- SAMHSA's website on women's substance abuse treatment issues (<http://womenandchildren.treatment.org>).

## ***Consultation and Collaboration***

By helping and partnering with states, territories, tribes, and communities to prevent illness and promote recovery, SAMHSA strives to improve the lives of those it serves. This means providing a range of support to meet unique needs across diverse levels of the society, including youth, older adults, ethnic and racial minority groups, with sensitivity to issues of gender, disability, culture, language, and lifestyle. SAMHSA, together with many partners, has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

SAMHSA continues to provide technical assistance on trauma and women's services at the Navy Consolidated Brig at Miramar, California. Focus groups with women were held, and onsite consultation was provided to administrators and staff regarding specific policy changes to support trauma-informed services. Further meetings will involve top Navy officials who are planning to expand the services systemwide.

SAMHSA collaborated with the Krieger Foundation and the Mayor's Office in Baltimore City, Maryland, to provide training and other technical assistance to shelter and health department programs on maternal health and infant mortality.

SAMHSA partnered with the DOJ Office of Justice Programs' National Resource Center on Justice-Involved Women to create a taskforce charged with drafting guiding principles and a best-practices statement to reduce the use of restraints among pregnant incarcerated women. SAMHSA provides ongoing technical assistance and training on implementing *Trauma-Informed Care and Reduction of Seclusion and Restraints* to justice-related institutions serving women and girls such as Framingham Women's Correctional Facility and the Chatham Girls' Juvenile Detention Center in North Carolina, which has seen a 40 percent reduction in the use of seclusion and restraints since the technical assistance began.

## ***CCWH Membership***

SAMHSA is an active participant on the HHS CCWH. SAMHSA participates in meetings and project initiatives, including the planning committee for initiatives on interpersonal violence and by promoting *National Women's Health Week*.

## IV. OTHER HHS AGENCIES/OFFICES

Although Section 3509 of the Affordable Care Act does not have specific requirements for other HHS federal agencies and offices, the section specifies that

- 1) OWH, AHRQ, CDC, and HRSA coordinate with other appropriate agencies and offices on activities for issues of particular concern for women; and
- 2) AHRQ, CDC, HRSA, and FDA consult with health professionals on policies.

The section also requires that the HHS CCWH include senior-level representatives from each HHS federal agency and office.

HHS OWH coordinated with the following HHS federal agencies and offices through the HHS CCWH. These activities are not required by the Affordable Care Act or required for this report, but they are included to show the scope of HHS activities supporting women's health.

### **Administration for Children and Families (ACF)**

The Family Violence Prevention and Services Act (FVPSA) is the primary federal funding stream dedicated to the support of domestic violence shelter and supportive services for victims of domestic violence and their children. FVPSA is administered by the Family Violence Prevention and Services Division, Family and Youth Services Bureau, in ACF. In FY 2011, FVPSA funded more than 1,600 domestic violence shelters and 1,100 non-residential service sites, serving more than 1.3 million survivors, including 332,664 children. FVPSA also funds the National Domestic Violence Hotline and National, Culturally Specific, and Special Issue Resource Centers to inform and strengthen domestic violence intervention and prevention efforts at the individual, community, and societal levels.

#### ***Women's Health Projects***

- **Intimate Partner Violence (IPV) Workgroup with State Domestic Violence Coalitions**  
ACF's FVPSA Program has established, and continues to steer, a workgroup on IPV among its state domestic violence coalitions to connect stakeholders in the domestic violence field with healthcare practitioners and plan collaborations among them. The workgroup advocates for coalitions and local programs on the importance of including their perspectives and practice-based knowledge on IPV by
  - Suggesting the development of IPV tools specifically designed for advocates;
  - Identifying policy and practice implications of enhanced screening and counseling in health settings;

- Surveying local programs about work with healthcare providers to identify barriers, successes, and challenges; and
- Informing FVPSA Program efforts by providing feedback on the ongoing development of resources for health care screening.
- **Promoting Technical Assistance through the Domestic Violence Resource Network**  
ACF's FVPSA Program supports ongoing efforts by the Domestic Violence Resource Network (DVRN) to provide technical assistance on IPV prevention, intervention, and responding to IPV within healthcare settings through the expertise of practice-area and culturally-specific resource centers and institutes. In particular, the National Health Resource Center on Domestic Violence (HRCDV), a project of DVRN member Futures Without Violence, is funded by the FVPSA Program.

For over 16 years, the FVPSA office has funded HRCDV to serve as the nation's clearinghouse for information on the health care response to domestic violence and to provide training and technical assistance to thousands of people each year. The HRCDV offers model strategies and tools to health professionals and domestic violence/sexual assault (DV/SA) programs to address and prevent the chronic health issues and injuries associated with exposure to abuse. Collaboration between domestic violence advocates and health professionals is the cornerstone of all FVPSA-supported programs and resources. Each year the HRC trains over 4,600 providers and distributes hundreds of thousands of patient and provider education materials to over 22,000 professionals nationwide as well as providing in-depth individual technical assistance to more than 1,500 people a year.

- **Health Safety Cards by the National Health Resource Center on Domestic Violence and Futures Without Violence**  
ACF's FVPSA Program grantee, the National Health Resource Center on Domestic Violence, through Futures Without Violence, has developed safety cards that can be given to patients or placed in the clinic or other health care setting. These wallet-sized safety cards address important topics in the prevention of domestic and intimate partner violence.
- **Bridging the Gap Event**  
ACF's FVPSA Program partnered with the HHS Steering Committee on Violence Against Women on October 9, 2012, to kick off National Domestic Violence Awareness Month. They convened 85 healthcare practitioners, advocates, and policy leaders to discuss how best to support victims and survivors of intimate partner violence in seeking medical help and accessing resources in light of the new provisions of the Affordable Care Act. Featuring a variety of speakers from the health care field, state domestic violence coalitions, and community programs, the event reached an audience of more than 250 people who participated online via [www.hhs.gov/live](http://www.hhs.gov/live).

## *Collaborations and Consultation*

- **Interagency Workgroup on Violence Against Women, Office of the Vice President**

ACF's FVPSA Director serves as member of this Workgroup. In this capacity, she collaborates on projects and strategic planning to advance women's health as it relates to the prevention of gender-based violence and support services as well as the development and dissemination of resources for victims of intimate partner violence.

- **Interagency Workgroup on Women and Trauma**

ACF's FVPSA Director is a member of the Women and Trauma Federal Partners Committee, which was launched in April 2009. The committee was first developed as a workgroup within the Federal Partnership on Mental Health Transformation. In April 2010, FVPSA staff and grantees played a role in the Committee Roundtable on Women and Trauma. Its goals were to initiate a dialogue on the behavioral impacts of trauma affecting women and girls, identify gaps in addressing these impacts, and develop recommendations for an agenda for comprehensive systems change, integration, and collaboration.

- **IPV Health Screening Training Led by CCWH**

On January 26, 2012, ACF's FVPSA Program participated in an interagency training co-sponsored by the CCWH and the National Health Resource Center on Domestic Violence. It brought together a multidisciplinary group of experts on public health, healthcare administration, domestic violence prevention and intervention, and research to build on shared expertise. The training and discussion focused on strategies to increase the integration of trauma-informed programming and to strengthen collaboration to support trauma-informed special initiatives, research, projects, or funding opportunities across federal agencies.

- **Partnership with HRSA Office of Women's Health**

Working in partnership with the Family Violence Division and HRSA, ACF's FVPSA Program has increased the number of opportunities to educate staff and grantees about the connections between health and intimate partner violence, particularly postpartum depression and domestic violence. This collaboration has resulted in training for federal employees, representation on HRSA's Expert Steering Committee, and increased collaborations with HRSA's Violence Prevention Work Group. The Family Violence Prevention Division also connected ACF's FVPSA Program's grantee, the Health Resource Center on Domestic Violence, with HRSA to expand the capacity of HRSA staff and grantees to address the health impact and consequences of intimate partner violence. More than 350 HRSA staff and grantees have received awareness resources, training materials, and practitioner tools. HRSA staff members, along with their grantees, have received a broad range of domestic violence training through webinars facilitated by Family Violence Prevention Division staff.

- **Strategic Planning Workgroup on Intimate Partner Violence**

ACF's FVPSA Program is a member of this interagency workgroup, collaborating with SAMHSA, HHS OWH, HRSA, and other divisions to develop a multisector technical assistance plan to identify resources that can help community partners build their capacity to handle increases in referrals as a result of revised policies on healthcare and domestic violence with the implementation of the Affordable Care Act. The FVPSA Program has been charged with identifying opportunities to link efforts on screening for current and recent domestic violence with assessment protocols for lifetime trauma histories. FVPSA grantee, the National Center on Domestic Violence, Trauma, and Mental Health, is working to provide technical assistance on the implementation of trauma-informed care, so practitioners can be trained to better serve survivors of intimate partner violence.



- **Project Connect: A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence**

Now in its third year, *Project Connect* is a national initiative to change how adolescent health, reproductive health, perinatal health, and home visitation programs respond to sexual and domestic violence. Since 2010, Futures Without Violence has collaborated with HHS OWH and ACF, in partnership with 10 state and tribal pilot sites, to develop public health responses to domestic and sexual violence in women's health programs. In just over two years, Project Connect has had a significant impact with its training of more than 5,000 providers in 50 clinical sites. As a result of this work, programs serving over 200,000 women will integrate assessment for abuse into routine care and offer help when needed, using an evidence-based and setting-specific clinical intervention.

### *Program Innovations*

- **The Domestic Violence Evidence Project**

An initiative of ACF's FVPSA Program grantee, the National Resource Center on Domestic Violence, the DV Evidence Project is designed to respond to the growing emphasis on identifying and integrating "evidence-based practice." It combines what is known from research, evaluation, practice, and theory to inform critical decision-making by domestic violence programs (<http://www.dvevidenceproject.com/publications/>).

- **Promising Futures**

Developed by ACF's FVPSA Program grantee, Futures Without Violence, the Promising Futures Project is an online resource center for best practices for serving children, youth, and parents experiencing domestic violence (<http://promising.futureswithoutviolence.org/>).

### *Stakeholder Outreach and Education*

- **Domestic Violence Home Visitation Program Training & Curriculum**

ACF's FVPSA Program grantee, Futures Without Violence, has developed a training and curriculum for home visitation providers to better respond to domestic violence. The curriculum supports states and their home visitation programs in developing a core competency strategy, ensuring that all home visitation programs are equipped to help women and children living in homes with domestic violence.

- **Sixth National Conference on Health and Domestic Violence**

ACF's FVPSA Program grantee, Futures Without Violence, spearheaded this annual conference on March 29-31, 2012, to explore efforts to advance the field of health care's response to domestic violence. The conference offered 13 in-depth pre-conference institutes and featured more than 400 speakers, 170 presentations, 100 posters, and plenary and keynote sessions. The following topics, among others, were explored:

- The health impacts, co-occurring issues, healthcare responses, and policy implications related to survivors, children, perpetrators, and communities affected by domestic violence;



- Innovative practices, programs, and partnerships among health systems, providers, public health programs, legal systems, social service agencies, domestic violence agencies, and advocates that improve patient safety and health status at the local state, national and international levels; and
- Recent research about risk factors, physical/mental health effects, health strategies/programs.
- **Twitter Town Hall, “Veto Violence”**  
ACF’s FVPSA Program and its grantee—the National Resource Center on Domestic Violence—partnered with CDC’s Division of Violence Prevention and its grantee—Prevent Connect—to host a Twitter Live Chat to increase awareness among communities about IPV prevention and to increase knowledge about the impact of domestic violence on children and youth exposed to violence. Prevent Connect provides national training and technical assistance on the prevention of domestic and sexual violence. The live chat, which took place on October 23, 2012, reached an audience of 901,805 individuals through 729 tweets.

### *CCWH Membership*

The Director of the Family Violence Prevention and Services Program represents ACF on the HHS Coordinating Committee on Women’s Health.

## Administration for Community Living (ACL)

In April 2012, HHS combined the Administration on Aging (AoA), the Administration for Developmental Disabilities, and the Office on Disability and formed the new Administration for Community Living (ACL). In addition to AoA and the new Administration for Intellectual and Developmental Disabilities (AIDD), ACL houses the Center for Disability and Aging Policy and the Center for Management and Budget. The primary goal of ACL is to increase access to community support and enhance full participation in the community, while focusing attention and resources on the unique needs of older Americans and people with disabilities. This new agency meets its goal with enhanced policy and program support for cross-cutting initiatives and efforts focused on the unique needs of individual groups such as children with developmental disabilities, adults with physical disabilities, and seniors, including seniors with Alzheimer's disease.

The Administration on Aging (AoA) is the federal agency designated to carry out the provisions of the Older Americans Act of 1965 (OAA), as amended (P.L. 109-365), which advances the concerns and interests of older people and their caregivers. The mission of AoA is to develop a comprehensive, coordinated, and cost-effective system of home- and community-based services that enable older people to maintain their dignity and independence in their homes and communities. AoA is the lead partner of the National Aging Network, consisting of 56 State Units on Aging (SUAs), 629 Area Agencies on Aging (AAAs), 254 tribal organizations, and two Native Hawaiian organizations. As an advocate for older persons within HHS, AoA coordinates activities between federal agencies and offices to ensure a continuum of improved services.

Although all older Americans and their family caregivers are eligible to receive services through the OAA (Older Americans Act) programs, AoA gives specific attention to those individuals who are in the greatest economic and social need. In 2010, OAA Title III programs provided more than \$877 million in nutrition and supportive services, and combined with additional state and local expenditures, nearly \$3.5 million in services reached more than 10.7 million people. Given this focus and the demographics of the aging, AoA provides services to more women than men. According to the U.S. Census Bureau, in 2010 there were 23 million older women and 17.5 million older men, or a sex ratio of 132 women for every 100 men. The female-to-male sex ratio increases with age, ranging from 112 for persons between 65 and 69 years old to a high of 206 for persons 85 and over. At age 85, there are approximately twice as many women as men, and half of all women over age 75 live alone.<sup>13</sup>

AIDD is dedicated to ensuring that individuals with developmental disabilities and their families are able to fully participate in, and contribute to, all aspects of community life in the United States and its territories. AIDD carries out provisions of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act). The DD Act establishes four grant programs, oversees the *President's Committee for People with Intellectual Disabilities*, and administers the disability provisions of the Help America Vote Act. The programs include State Councils on Developmental Disabilities (Councils), State Protection and Advocacy Systems (P&As), University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs), and Projects of National Significance (PNS).

In each state or territory, the four grant programs form a developmental disabilities network. Although each entity within the network serves specific, sometimes disparate, purposes, it was established with overlapping goals that facilitate collaboration and inter-connectivity among the

different units. Because of the structure, each entity within a state's DD Network works cross-functionally to fulfill the mandates of the DD Act and its core values: self-determination, independence, productivity, integration, and inclusion in all facets of the community.

ACL activities related to improving the health of women, especially older women, include the following programs.

### **The National Family Caregiver Support Program**

Family caregiving is an issue that touches the lives of more than 65.7 million people in this country.<sup>14</sup> In 2009, research conducted by the National Alliance for Caregiving showed that family caregivers are predominantly women (66 percent), one-third of whom take care of more than one individual. The *National Family Caregiver Support Program* (NFCSP), created by Congress in 2000, provides essential services and support to family caregivers as they endeavor to keep their loved ones at home for as long as possible. Over the past 12 years, AoA and the Aging Network have made significant accomplishments in serving family caregivers. In 2010, the year for which the most recent data are available, NFCSP served nearly half a million caregivers with access assistance. An additional 200,000 caregivers received services such as respite, counseling, training, support, and supplemental services. More than 60 percent of those receiving services were the wives or daughters of those provided care. That same year, NFCSP provided services to more than 40,000 grandparents and other relatives raising children. Of that number, nearly 18,000 received services such as respite, counseling, training, support, and supplemental services. Fifty-eight percent of these 40,000 persons were grandmothers.

### **Eldercare Locator**

The *Eldercare Locator* is a free nationwide public service providing older adults and caregivers with information about aging services in their community. For 20 years, the AoA has supported the *Eldercare Locator* as a critical tool for assisting older adults and those who love them to navigate the broad array of health and human service choices that exist for our aging population. In FY 2011, more than 75 percent of the callers to the *Eldercare Locator* call center were women. The *Eldercare Locator* has been enhancing its services to better serve a more mobile society. Service features now include online chat with a live Information Specialist and a mobile edition.

### **Senior Medicare Patrol Program**

The AoA *Senior Medicare Patrol (SMP) Program* is a key partner in the Administration's ongoing, aggressive efforts to fight health care fraud. Through the SMP Program, AoA provides funds for grantees to recruit, train, and mobilize senior volunteers to educate their peers in local communities to prevent, detect, and report Medicare, Medicaid, and other health care fraud. Of the more than 49.4 million Medicare beneficiaries, 55 percent are women. Of the 9 million dual-eligible Medicare and Medicaid beneficiaries (62 percent of which are women), roughly four in 10 are under 65 years of age with permanent disabilities.

### **Long-Term Care Ombudsman Programs**

In FY 2011, *Long-Term Care Ombudsman Programs* worked to resolve more than 204,000 complaints on behalf of residents of long-term care facilities. Women make up more than 70 percent<sup>15</sup> of residents of long-term care facilities, which include nursing homes, assisted living, and board and care homes.<sup>16</sup>

## **Oral Health**

AoA participates, with HHS OWH, on the *HHS Oral Health Coordinating Committee* (OHCC), which meets monthly. On March 16, 2012, OHCC held an external stakeholders meeting focused on prevention, oral health literacy, access to care, and workforce and financing models, along with the issues of data, research, and health disparities. External stakeholders in attendance included the National Association of Area Agencies on Aging, the National Association of State Units on Aging and Disability, and AARP.

An upcoming meeting will identify priorities and models specific to older women. HHS OWH is the lead agency and primary supporter of this effort, with assistance in planning the meeting from HRSA, CDC, and ACL.

## **National Education and Resource Center on Women and Retirement Planning**

AoA partners on a cooperative agreement with the National Education and Resource Center on Women and Retirement Planning (the Center), which is maintained by the Women's Institute for a Secure Retirement (WISER). The Center provides user-friendly financial education and retirement planning tools for low-income women, women of color, and women with limited English-speaking proficiency. WISER tailors educational financial tools and information to meet the needs of target populations. Through the Center's one-stop gateway, women have access to comprehensive, easily understood information that promotes opportunities to plan for income during retirement and for long-term care. The Center conducts workshops nationwide on strategies for accessing financial and retirement planning information targeted to women and disseminates online newsletters, fact sheets, booklets, and special reports tailored to the specific needs of hard-to-reach women. The Center maintains an interactive website that contains important information for women on a range of financial issues, including investments, pensions, Social Security, and long-term care.

During 2011, the Center co-sponsored a webinar series titled *Social Media: A Retirement Tool for the 21<sup>st</sup> Century*. The first webinar, "Transitioning the Generations: Retirement Planning for Boomers, GenXers, Millennials and Beyond," focused on planning for retirement. The second webinar, "Transitioning Through Retirement: Protecting your Retirement Resources," focused on preventing or avoiding senior fraud by recognizing and combating the various types of financial scams and identifying the fear tactics used in predatory practices. The target audiences included the Aging Network, older people, and their families. More than 250 people participated in the webinars.

## ***CCWH Membership***

ACL is a member of the HHS Coordinating Committee on Women's Health.

## Indian Health Service (IHS)

The Indian Health Service (IHS), within HHS, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes (based on Article I, Section 8 of the Constitution).

IHS is the principal federal health care provider and health advocate for Indian people. The mission of the IHS is to raise the health status of the American Indian and Alaska Native population to the highest possible level. IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 566 federally-recognized tribes in 35 states.

### *Consultation with Women's Health Professionals*

During the reporting period, IHS, in coordination with other agencies and offices, consulted with women's health professionals and other groups to develop a new policy and protocol addressing sexual assault of American Indian and Alaska Native women, men, adolescents, adults, the elderly, and special populations such as the lesbian, gay, bisexual, and transgender (LGBT) population, in accordance with Tribal Law and Order Act of 2010 [25 U.S.C. 2801 et seq.].

The Tribal Law and Order Act of 2010 requires the following: "The Director of the Indian Health Service in coordination with the Director of the Office of Justice Services, and the Director of the Office on Violence Against Women of the Department of Justice, and in consultation with Indian tribes and tribal organizations, and in conference with Urban Indian Organizations, shall develop standardized sexual assault policies and protocol for the facilities of the Service (IHS), based on similar protocol that has been established by the Department of Justice."<sup>17</sup>

The new policy and protocol were announced in 2010, and they are now being implemented. Medical and nursing personnel are being trained to become Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Nurse Examiners (SANEs). They are instructed in the techniques and protocols of conducting a forensic examination, collecting DNA evidence, maintaining the "chain of evidence" for law enforcement, and working with a community Sexual Assault Response Team (SART).

The SAFEs and SANEs also work with other community leaders to create the SART in American Indian and Alaska Native communities. A reservation community SART is composed of a SAFE or a SANE, a representative of the local police, the local tribal prosecutor, and others as appropriate. IHS provides several million dollars in funding to several tribal and federal IHS hospitals that have emergency departments, so they can build their SAFE/SANE Program and help create a community SART. IHS also provides several million dollars in funding to tribal organizations to develop domestic violence prevention programs.

Over the past 18 months, IHS has launched an initiative to adopt the *10 Steps to Successful Breastfeeding*. IHS is also working toward *Baby Friendly*-designation for all IHS maternity hospitals. As of January 2013, the three maternity hospitals in the Aberdeen Area have been designated *Baby-Friendly Hospitals*.

### *CCWH Membership*

A representative from IHS served as an active member on the HHS Coordinating Committee on Women's Health during the reporting period.

## **Office of Adolescent Health (OAH)**

The Office of Adolescent Health (OAH) was established in 2010 within the Office of the Assistant Secretary for Health to coordinate adolescent health programs and initiatives across HHS. OAH supports multidisciplinary projects focused on improving adolescent health, including that of adolescent girls. OAH works in partnership with other HHS agencies to support evidence-based approaches to promoting adolescent health and preventing disease.

OAH, with ACF and ASPE, oversaw a comprehensive review of the scientific evidence base to identify programs that have been shown through rigorous evaluation to have impacts on teen pregnancy or related sexual behaviors. Twenty-eight evidence-based models were identified as having met the standards and therefore were eligible for replication under the Teen Pregnancy Prevention (TPP) Tier I funding announcement. Study reviews and results were posted on the OAH website during the reporting period. In addition, a subsequent update of the review was conducted during this reporting period, which added three more interventions to the HHS TPP evidence-based database.

## ***CCWH Membership***

OAH is a member of the HHS Coordinating Committee on Women's Health.

## **Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

### ***Establishment of an Office***

ASPE is responsible for major policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis activities. ASPE has appointed two representatives to serve on the CCWH.

### ***Report on Current Level of Activities***

The portfolio of the ASPE staff covers women's health issues across age, biological, and sociocultural contexts. ASPE's Office of Human Services policy focuses on welfare, poverty, service delivery, and policies affecting adolescent girls, mothers, and low-income women across ages and cultures. The Office of Disability, Aging and Long-Term Care Policy is charged with developing, analyzing, evaluating, and coordinating HHS policies and programs that support the independence, productivity, health, and long-term care needs of women with disabilities as well as aging women. The Office of Health Policy is responsible for health-related policy development. Staff participates in the *Interagency Working Group on Healthcare Quality and Healthcare Disparities*, led by AHRQ, to prepare the annual *National Healthcare Quality Report* and *National Healthcare Disparities Report*. These reports include measures on women's health and disparities by age, gender, and socioeconomic factors.

### ***Women's Health-Related Goals and Objectives***

ASPE serves on a number of inter- and intra-agency working groups that help identify short-range and long-range goals and objectives. An example is ASPE's participation in a research planning meeting in January 2013 with other federal agencies to discuss current research conducted on interpersonal and domestic violence, gaps in the research, and ways agencies can help meet those research needs.

ASPE's goals are also demonstrated through research and evaluation. For example, ASPE's research activities include an analysis of the National Center for Health Statistics (NCHS) data sets to examine trends in the use of clinical preventive services, including service utilization trends among women. This analysis of trends helps ASPE monitor the impact of implementing the Affordable Care Act.

### ***Women's Health Projects***

ASPE staff managed a contract with the IOM, which published recommendations for guidelines for preventive services for women in July 2011. The report is titled *Clinical Preventive Services for Women: Closing the Gaps*. HHS adopted the IOM recommendations on August 1, 2011.



Under the *Teen Pregnancy Prevention Initiative*, ASPE manages several projects that address the rates of teen pregnancies, births, and sexually transmitted infections. According to the latest estimates, 750,000 teen girls in the United States learn they are pregnant each year. HHS is committed to supporting evidence-based programs and innovative approaches to reducing teen pregnancy.

Over the past year, ASPE has continued to manage the *Teen Pregnancy Prevention Evidence Review*, which identifies program models that have demonstrated positive impacts on teen pregnancies or births, sexually transmitted infections, or associated sexual risk behaviors. This project is overseen by ASPE in collaboration with ACF and OAH.

In addition, ASPE manages the *Federal Teen Pregnancy Prevention Replication Study*, a rigorous experimental evaluation of nine replications of evidence-based programs funded by OAH's *Teen Pregnancy Prevention Program*.

ASPE also published and disseminated policy briefs concerning women and the Affordable Care Act.

### ***Consultation with Women's Health Professionals***

ASPE is currently working with HHS OWH and ACF to develop a series of policy briefs about screening and counseling for domestic violence in health care settings. To inform this research, ASPE has consulted with health care professionals, domestic violence advocacy organizations, and researchers from various fields. In addition, ASPE works on numerous policy issues that concern women's health, including teen pregnancy prevention, Temporary Assistance for Needy Families (TANF), homelessness, female offenders, and teen dating violence.

ASPE serves on a number of Working Groups that relate to women's health, including the *Federal Teen Dating Violence Workgroup*, the *Federal Network Addressing Violence Against Women*, and the *Interagency Working Group on Healthcare Quality and Healthcare Disparities*.

### ***CCWH Membership***

ASPE is a member of the HHS Coordinating Committee on Women's Health.

## **Office of Disease Prevention and Health Promotion (ODPHP)**

### ***Report on Current Level of Activities***

ODPHP is responsible for developing and monitoring the national health objectives known as *Healthy People*. *Healthy People 2020* was established in 2010 and sets 10-year health goals and objectives for the nation. Many of the 42 topic areas that are part of *Healthy People 2020* include objectives that specifically track the progress of women's health. These objectives collect data by gender and age when possible. Disaggregating the data allows HHS to track progress on the health status of women among hundreds of disease prevention and health promotion measures.

### ***Women's Health-Related Goals and Objectives***

*Healthy People 2020*, the national health objectives, has a topic area that specifically focuses on maternal, infant, and child health (MICH). With the launch of *Healthy People 2020* in 2010, 72 identified objectives were related to this field. The MICH Workgroup is made up of subject matter experts, including those in women's health, and meets on a monthly basis. The MICH Workgroup identified several evidence-based resources that support the objectives identified in this topic area. These evidence-based resources can be implemented and used in various settings to move the nation toward the targets noted in the MICH objectives. The evidence-based resources will be available on the *healthypeople.gov* website in early 2013.

In addition to the MICH topic area, objectives that focus specifically on women are included throughout *Healthy People 2020*, including through topic areas such as Family Planning, Injury and Violence Prevention, Heart Disease and Stroke, and others. These topic areas include objectives with specific targets that include the unique health needs of women. All objectives and relevant data are accessible via the *healthypeople.gov* website. Data are updated regularly on the website to reflect the progress being made toward these national objectives.

### ***Consultation with Women's Health Professionals***

ODPHP regularly consults with stakeholders from multiple sectors to discuss women's health. The MICH Workgroup meets monthly and is composed of health professionals from different government offices. As appropriate, expertise outside the government is sought to ensure that the best science is being applied to this topic area.

In the fall of 2012, ODPHP issued a *Federal Register Notice* request for public comment on *Healthy People 2020* objectives, which provided an opportunity for the public to provide feedback related to women's health issues. More than 200 comments were received in response to this public comment period, some of which were specifically focused on women's health.

In May 2012, ODPHP highlighted the MICH topic area through the *Leading Health Indicators* webinar series. The Leading Health Indicators (LHIs) highlight current critical health issues that, if left unaddressed, can result in future public health problems. If addressed, however, these public

health challenges will help reduce some of the leading causes of preventable deaths and major illnesses. ODPHP consulted with nongovernmental organizations to provide updates on progress in this field and identify relevant resources to highlight. As a result, a webinar was held during which the Assistant Secretary for Health raised awareness of this topic area. ODPHP is committed to continuing to monitor the nation's progress related to maternal health and ensuring that this topic remains emphasized.

### *CCWH Membership*

ODPHP has consistently provided representation on the HHS Coordinating Committee on Women's Health (CCWH). An ODPHP representative participates in the monthly meetings with the CCWH and provides relevant updates to its partner agencies. In addition, ODPHP meets regularly with the members of the CCWH to discuss progress in addressing women's health issues.

## Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

The Office of HIV/AIDS and Infectious Disease Policy (OHAP) is located within the Office of the Assistant Secretary for Health within HHS. OHAIDP advises the Assistant Secretary for Health and senior HHS officials on the appropriate and timely implementation and development of policies, programs, and activities related to HIV/AIDS, viral hepatitis, and other infectious diseases of public health significance as well as blood and tissue safety and availability.

During the reporting period, OHAIDP continued to oversee the implementation of the July 2010 *National HIV/AIDS Strategy* (NHAS), which calls for reducing HIV transmission, increasing access to HIV care and improving health outcomes, and reducing HIV-related disparities and health inequities, including gender disparities. OHAIDP supports the NHAS by promoting and facilitating a more coordinated national response to the HIV epidemic across HHS Operating Divisions and Staff Divisions. Collective efforts toward achieving these goals will improve the health of women at risk for, or living with, HIV.

OHAIDP also continued to support the ongoing implementation of the May 2011 *Action Plan for the Prevention, Care and Treatment of Viral Hepatitis* by identifying opportunities for enhanced interagency collaboration, leveraging existing resources, and strengthening partnerships inside and outside government. One of the overarching goals of the *Action Plan* is eliminating perinatal transmission of hepatitis B virus (HBV), an effort that includes increased identification of women with chronic HBV infection. OHAIDP is coordinating the development of a multiagency effort to reduce mother-to-infant transmission, which includes recommendations to improve linkage to care for childbearing women who have been diagnosed with chronic hepatitis B infection.

OHAIDP uses [www.AIDS.gov](http://www.AIDS.gov) and other emerging communication strategies to provide access to information on various aspects of HIV/AIDS prevention, treatment, and care. *AIDS.gov* participates in numerous activities that focus on women's health needs. The program coordinates with HHS OWH to promote and support *National Women and Girls HIV/AIDS Awareness Day*, which is observed annually on March 10. The *AIDS.gov* team also provides technical assistance to organizations serving women at risk for, or living with, HIV/AIDS to help them expand and extend the reach of their work through new media tools and emerging technologies.

OHAIDP manages the *Secretary's Minority AIDS Initiative Fund* (SMAIF), which are resources appropriated by Congress to support HIV prevention, care, and treatment; outreach and education; capacity building; and technical assistance activities for racial and ethnic minorities in the United States who are at high risk for, or living with, HIV/AIDS. *The Minority Serving Institutions Demonstration Project* is supported through SMAIF and provides HIV prevention services to young men and women of color through different program components held on college and university campuses. The seven participating schools designed activities to encourage and facilitate HIV testing among male and female students, and they target students through presentations in dorms and classrooms. Six of the seven schools use peers to provide HIV prevention education, and four schools have adapted evidenced-based behavioral interventions that specifically target women.

Another SMAIF effort, funded by OHAIDP, is the *Care and Prevention of HIV in the United States* (CAPUS) *Demonstration Project*. This three-year cross-agency demonstration project is led by CDC, in partnership with HRSA's HIV/AIDS Bureau, HRSA's Bureau of Primary Health Care, SAMHSA, OHAIDP, HHS OWH, and OMH. The purpose of the project is to reduce HIV and AIDS-related

morbidity and mortality among racial/ethnic minority populations living in the United States by addressing social, economic, clinical, and structural factors influencing HIV health outcomes, including stigma, housing instability, incarceration, and domestic violence, among others.

OHAIDP also manages two advisory bodies, the *Presidential Advisory Council on HIV/AIDS* (PACHA) and the *Advisory Committee on Blood and Tissue Safety and Availability* (ACBTSA). PACHA provides advice, information, and recommendations to the HHS Secretary and to the President regarding programs, policies, and research priorities intended to promote effective prevention, care, and treatment of HIV disease, including programs serving women. Since the last reporting, PACHA has been focusing on the full implementation of the Affordable Care Act and developing recommendations to improve access to lifesaving care and treatment services for hundreds of thousands of Americans living with HIV.

### ***CCWH Membership***

A representative of OHAIDP served as an active member on the HHS CCWH during the reporting period.

## Office of Minority Health (OMH)

The Office of Minority Health (OMH) within HHS is dedicated to improving the health of racial and ethnic minority populations in the United States through the development of health policies and programs that will help eliminate health disparities.

OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care for racial and ethnic minority populations in the United States. During the reporting period, OMH identified women's health-related projects and administered the following programs that address women's health.

- *A Healthy Baby Begins with You* campaign includes preconception health peer education and infant mortality prevention programs. To date, more than 1,000 undergraduate students have been trained as *Healthy Baby* preconception health peer educators in communities across the United States. Ninety-three percent of the preconception health peer educators are female. Plans are under way to transition the training to an online format, so the training will be accessible to more institutions nationwide.
- *Native Generations*, a new campaign launched with the Seattle Indian Health Board, focuses on increasing awareness of how to improve birth outcomes and lower infant mortality rates among American Indian/Alaska Native mothers and children. The video will be distributed to health clinics and community organizations for viewing in waiting rooms and at community gatherings.
- *The American Indian and Alaska Native (AI/AN) Health Disparities Program* provides support to Tribal Epidemiology Centers and Urban Indian Health Programs. This program seeks to 1) increase collecting, managing, and sharing data; 2) raise awareness of the impact of public health on health, social, and living conditions; and 3) develop the future health workforce by engaging youth in health-related training and programming. In FY 2012, more than 2,000 individuals received services, training, or both from the *AI/AN Health Disparities Program*, an increase over the 1,900 participants in FY 2011. Of the total FY 2012 participants in this program, 50 percent were female.
- *Partnerships Active in Communities to Achieve Health Equity Program* (PAC) supports activities that address racial and ethnic health disparities through community-level activities that promote health, reduce risks, and increase access and use of preventive health care and treatment services. During FY 2012, 66 percent of the participants in this program were female. PAC grantees interacted with nearly 15,000 individuals by conducting health promotion and education activities, health screenings, and health fairs; providing language interpretation services to more than 2,800 patients; and providing training to more than 700 health care providers.
- *The Youth Empowerment Program* (YEP) addresses unhealthy behaviors in at-risk minority youth and their families. YEP provides at-risk youth the opportunity to develop lifestyles that are more positive and that enhance the youth's capacity to make healthier life choices. The 17 YEP grantees supported in FY 2012 were institutions of higher education that partnered with primary and secondary schools, sports organizations, youth clubs, other related community organizations and institutions, and the community at large. They focused on reducing risky behaviors among targeted minority youth between 10 and 18 years of age. In FY 2012, YEP reached nearly 80,000

at-risk minority youth and their families. Of the youth cohort participants in FY 2012, 55 percent were female.

- In August 2012, OMH and the HHS Office of the National Coordinator for Health IT launched an app challenge titled *Reducing Cancer Among Women of Color* for mobile devices. It engages and empowers minority and underserved women to improve the prevention and treatment of breast and gynecological cancers. The app challenge was a call for innovative health information technology capable of providing information, in culturally and linguistically appropriate contexts, directly to women at high risk or already diagnosed with breast, cervical, uterine, and ovarian cancers, specifically. Selection criteria for the challenge included the ability to strengthen communication across provider care teams and to provide quality information to women, health care providers, caregivers, and community health workers.
- In FY 2011 and FY 2012, OMH continued to involve HHS OWH in *The Lupus Initiative* (TLI) and OMH efforts to enhance and disseminate lupus education resources and materials to more than 2,000 health professionals. This outreach was accomplished through a combination of online trainings, distribution of lupus tool kits, and presentations and participation at national professional meetings and conferences.
- In FY 2011 and FY 2012, the Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health continued to be actively engaged in outreach efforts to women across the nation on the Affordable Care Act and the many provisions of the law that impact and improve women's health. These activities included national media appearances and interviews, speaking engagements, stakeholder meetings and calls, webinars, and conferences.
- In FY 2011, OMH developed a new tobacco prevention and cessation initiative to prevent smoking behavior in youth (ages 11–18) and young women of childbearing age (ages 19–26), with input from HHS OWH. The goal of the *Minority Youth Tobacco Elimination Project* (MYTEP) is to conduct evidence-based smoking prevention and cessation strategies focused on the dangers of smoking during pregnancy and the major health problems smoking poses for mother and child. In 2012, MYTEP implemented smoking prevention strategies for hospital waiting rooms; Women, Infants and Children (WIC) program clinics; and a tribal health clinic in Oklahoma.
- In FY 2010, OMH, in collaboration with HHS OWH and the Office of the Surgeon General, funded the American College of Rheumatology to develop and carry out TLI, a national lupus provider education program to increase provider knowledge and education relative to lupus health disparities, lupus disease epidemiology, and improved disease management. The primary goal of TLI is to improve diagnosis and treatment for persons with lupus and to reduce lupus-associated health disparities in women of color.

### **CCWH Membership**

A representative of OMH served as an active member on the HHS CCWH during the reporting period.



## Office of Population Affairs (OPA)

OPA, located in the Office of the Assistant Secretary for Health within HHS, is responsible for overseeing the *Title X Family Planning Program*, a Public Health Service Act program first authorized in 1970. The head of OPA is the Deputy Assistant Secretary for Health (Population Affairs).

The *Title X Family Planning Program* provides access to family planning, contraception and related health services, and information. By law, services must be voluntary, and priority is given to low-income persons. Services are available on a confidential basis.

The chart below shows the Title X services provided in 2010 and 2011, using the most recent data available.

**Title X Overview of Services: 2010 and 2011**

	2010	2011
<b>Appropriation*</b>	\$317.5 million	\$299.4 million
<b>Number of Grantees</b>	89	91
<b>Total Unduplicated Women Served</b>	4,822,572	4,635,195
<b>Number of Family Planning Centers</b>	4,389	4,300**

Source: *Family Planning Annual Report, 2010, 2011*.

\* Appropriations are for the federal fiscal year.

\*\* Family planning centers included state and local health departments, tribal organizations, hospitals, university health centers, independent clinics, community health centers, faith-based organizations, and other public and private nonprofit agencies.

Client demographics: Ninety-two percent of clients are women. Of the women served, approximately 20 percent identified themselves as black, 29 percent as Hispanic (all races), 3 percent as Asian, 1 percent as Native Hawaiian or other Pacific Islander, 1 percent as American Indian or Alaskan Native, and 5 percent self-identified with two or more of the five racial categories specified. Of all clients served, 89 percent had incomes at or below 200 percent of the Federal Poverty Level. There was minor variation in ethnic/racial composition and income between 2010 and 2011.

OPA funding provides women with health services, including contraceptive care, cervical cancer screening, STI screening, and HIV screening.

Title X–supported clinics play a critical role in ensuring access to confidential, voluntary family planning information and services for women. Title X grantees must also comply with state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. None of the funds appropriated may be used in programs where abortion is a method of family planning.



### *Affordable Care Act Implementation and Collaboration*

OPA is working in collaboration with CMS and other federal agencies as implementation of the Affordable Care Act moves forward. OPA continues to work with other federal agencies such as HRSA, CDC, and the Center for Consumer Information and Insurance Oversight (CCIIO), within CMS, on implementation.

In 2012, OPA reorganized its regional training centers into national training centers to better meet the needs of its grantees and subrecipients in a rapidly changing health care landscape. Among their top priorities, the new training centers will provide training and technical assistance for various aspects of the health care law's implementation such as supporting the adoption of health IT systems and electronic health records, increasing contracting with third-party payers, and participating in Health Insurance Exchanges and Accountable Care Organizations (ACOs).

### *CCWH Membership*

During the reporting period, the Deputy Assistant Secretary for OPA or her designee served as an active member of the HHS CCWH. In 2012, OPA staff participated in many activities relating to Interpersonal and Domestic Violence (IPV) with CCWH.

## Office of the Surgeon General

### *National Prevention and Health Promotion Strategy*

The Affordable Care Act created the National Prevention, Health Promotion and Public Health Council (National Prevention Council) and called for the development of the *National Prevention and Health Promotion Strategy* (*National Prevention Strategy*, or *Strategy*) to realize the benefits of prevention for all Americans' health. Released June 16, 2011, the *Strategy* aims to guide our nation in the most effective and achievable means for improving health and well-being. The *Strategy* prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

The *National Prevention Strategy*'s vision is "working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness." The overarching goal is to "increase the number of Americans who are healthy at every stage of life."

The *Strategy* identifies four strategic directions and seven targeted priorities, including reproductive and sexual health. The strategic directions provide a strong foundation for all of our nation's prevention efforts and include core recommendations necessary to build a prevention-oriented society. The priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

### *Tobacco Use Prevention*

*Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, released March 2012, details the scope, health consequences, and influences that lead to youth tobacco use as well as proven strategies that prevent its use. Tobacco is the leading cause of preventable and premature death, killing more than 1,200 Americans every day. For every tobacco-related death, two new young people under the age of 26 become regular smokers. Nearly 90 percent of these replacement smokers try their first cigarette by age 18. Approximately three out of four high-school smokers continue to smoke well into adulthood.

This report concludes that tobacco product advertising and promotions still entice far too many young people to start using tobacco. For example, through the use of advertising and promotional activities, packaging, and product design, the tobacco industry encourages the myth that smoking makes you thin. This message is especially appealing to young girls. However, it is not true. As a group, teen smokers are not thinner than nonsmokers. In addition to the release of the report, the Surgeon General released a video public service announcement titled *Destiny*. It shows teens describing their futures if they use tobacco. Its message is *We Can Make Our Next Generation Tobacco Free*.

## President's Council on Fitness, Sports and Nutrition (PCFSN)

*The President's Council on Fitness, Sports and Nutrition* (PCFSN) is a Federal Advisory Committee of volunteer citizens who advise the President through the HHS Secretary about physical activity, fitness, sports, and nutrition in the United States. Through programs and partnerships, including with public, private, and non-profit sectors, PCFSN serves as a catalyst for promoting health, physical activity, fitness, and enjoyment for people of all ages, backgrounds, and abilities through participation in physical activity and sports.

PCFSN coordinated with HHS OWH on activities related to issues of particular concern to women, including OWH's *Best Bones Forever!* Atlanta Dance Contest on October 29, 2010. The *Best Bones Forever!* campaign encourages young women to be active and to consume more vitamin D and calcium-rich foods to build stronger bones.

Since November 2010, HHS OWH has been promoting the use of the PCFSN's signature program, the *President's Challenge*, as a way to encourage girls ages 6–17 and women 18 and older to engage in regular physical activity. The *President's Challenge* helps people of all ages, backgrounds, and abilities increase their physical activity through research-based information, easy-to-use tools and resources, and friendly motivation.

On February 2, 2012, PCFSN's executive director participated in the U.S. Department of State's *Roundtable for White House Initiatives to Promote Sports and Wellness Programs for Women and Girls* for delegates from the Near East and North Africa, including Algeria, Bahrain, Jordan, Iraq, Egypt, and Oman. During the information exchange, the delegates were given a review of this country's history of female participation in fitness and sports programs through school and community-based programs and the perceptual changes about female athletes since the late 1970s. Participants learned about Title IX, which prohibits gender discrimination in education programs, and policies that promote healthy lifestyles and sports across America that the participants could consider in their own countries.

On June 9, 2012, approximately 200,000 Girl Scouts (ages 5–18) celebrated the organization's 100<sup>th</sup> anniversary of creating female activists and leaders in communities across America. The celebration took place on the National Mall in Washington, DC. PCFSN member Michelle Kwan delivered remarks about the importance of healthy lifestyles and ways to prevent childhood obesity. She also encouraged the Scouts in attendance and nearly 400,000 others who watched via live webcast to sign up for and earn their own Presidential Active Lifestyle Award (PALA+). This six-week PCFSN program promotes healthy living by motivating participants to set and achieve physical activity and healthy eating goals.

### *CCWH Membership*

During this reporting period, a representative from PCFSN served as an active member on the HHS Coordinating Committee on Women's Health.

## V. CONCLUSION

Section 3509 of the Affordable Care Act directs U.S. Department of Health and Human Services (HHS) agencies and offices to make women's health a priority. Section 3509 calls for greater prioritization of women's health issues within HHS agencies and offices and greater coordination across HHS agencies and offices, including through the mandated HHS Coordinating Committee on Women's Health (CCWH). The law also recommends greater access to women's health information for women and health professionals, including in disease prevention, health promotion, service delivery, and research, such as through the mandated National Women's Health Information Center (NWHIC). Section 3509 outlines the steps and activities needed within various HHS federal agencies and offices to address the gaps and disparities in women's health and to support innovative and evidence-based programs.

The Affordable Care Act has improved women's health through increased access to health care and health information for women and through programs and services tailored to women's unique health needs. In addition to the requirements under Section 3509, the Affordable Care Act includes other provisions specific to women's health, such as the prohibition on gender rating in new health insurance plans starting in 2014 and access to recommended women's preventive services without cost-sharing in new health plans.

The HHS Office on Women's Health (OWH), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) have completed or made significant progress on the requirements outlined in Section 3509 of the Affordable Care Act. In addition, various other HHS federal agencies and offices have contributed to and participated in such efforts, including through the HHS CCWH.

## VI. REFERENCES

- 
- <sup>1</sup> National Women's Law Center. Data on Poverty & Income. <http://www.nwlc.org/our-issues/poverty-%2526-income-support/data-on-poverty-%2526-income>. Accessed 2/18/13.
- <sup>2</sup> U.S. Department of Labor. Women's Employment During the Recovery, May 3, 2011. [http://www.dol.gov/\\_sec/media/reports/femalelaborforce/](http://www.dol.gov/_sec/media/reports/femalelaborforce/). Accessed 2/18/13.
- <sup>3</sup> U.S. Department of Labor. Women's Employment During the Recovery, May 3, 2011. [http://www.dol.gov/\\_sec/media/reports/femalelaborforce/](http://www.dol.gov/_sec/media/reports/femalelaborforce/). Accessed 2/18/13.
- <sup>4</sup> Kaiser Family Foundation. Focus on Health Reform. Impact of Health Reform on Women's Access to Coverage and Care, April 2012. <http://www.kff.org/womenshealth/upload/7987-02.pdf>. Accessed 2/18/13.
- <sup>5</sup> Kaiser Family Foundation. Focus on Health Reform. Impact of Health Reform on Women's Access to Coverage and Care, April 2012. <http://www.kff.org/womenshealth/upload/7987-02.pdf>. Accessed 2/18/13.
- <sup>6</sup> Kaiser Family Foundation. Focus on Health Reform. Impact of Health Reform on Women's Access to Coverage and Care, April 2012. <http://www.kff.org/womenshealth/upload/7987-02.pdf>. Accessed 2/18/13.
- <sup>7</sup> White House, The Administration, About the Council on Women and Girls. <http://www.whitehouse.gov/administration/eop/cwg/about>. Accessed 1/26/13.
- <sup>8</sup> The White House. Office of the Press Secretary. Presidential Memorandum -- Establishing a Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities. <http://www.whitehouse.gov/the-press-office/2012/03/30/presidential-memorandum-establishing-working-group-intersection-hiv-aids>. Accessed 1/26/13.
- <sup>9</sup> Digital Government: Building a 21st-century Platform to Better Serve the American People. <http://www.whitehouse.gov/sites/default/files/omb/egov/digital-government/digital-government.html>. Accessed 1/26/13.
- <sup>10</sup> Pew Internet & American Life Project. Profiles of Health Information Seekers. <http://pewinternet.org/Reports/2011/HealthTopics/Part-2/Women.aspx>. Accessed 2/18/13.
- <sup>11</sup> Pew Internet & American Life Project. Infographic: Mobile. Smartphone Research: Infographic. Our Smartphone Habits. September 17, 2012. <http://pewinternet.org/Infographics/2012/Our-Smartphone-Habits.aspx>
- <sup>12</sup> Zickuhr, K, Smith, A. Digital differences. Apr 13, 2012. Pew Internet & American Life Project. <http://pewinternet.org/Reports/2012/Digital-differences/Overview.aspx>.
- <sup>13</sup> Profile of Older Americans 2011. [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Profile/2011/3.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2011/3.aspx).
- <sup>14</sup> National Alliance for Caregiving, 2009.
- <sup>15</sup> Centers for Disease Control and Prevention. NCHS, Table 1. Number, percent distribution, and rate per 10,000 population of nursing home residents by selected resident characteristics and age at interview: United States, 2004 Nursing Home Current Residents June 2008. [http://www.cdc.gov/nchs/data/nnhsd/Estimates/nnhs/Estimates\\_Demographics\\_Tables.pdf#Table 01](http://www.cdc.gov/nchs/data/nnhsd/Estimates/nnhs/Estimates_Demographics_Tables.pdf#Table 01)
- <sup>16</sup> Centers for Disease Control and Prevention. NCHS Data Brief, Number 91, April 2012. Residents Living in Residential Care Facilities : United States, 2010. <http://www.cdc.gov/nchs/data/databriefs/db91.htm#in>
- <sup>17</sup> 25 U.S.C. §2814.